

NOV 22 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3266-2
811

1. PLACE OF DEATH

County St. Louis Registration District No. 318
Township Springfield Primary District No. 200
(No. 158 E. Walnut St. (Ward)

2. FULL NAME

Alvah Massey
(a) Residence No. 158 E. Walnut St., Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. (If MARRIED, WIDOWED, OR DIVORCED) HUSBAND OF Frank Massey (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 4 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER W. B. Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Esther Ann Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Chas. Halland Jr.
(Address) 758 E. Walnut

15. FILED 11-27-30 G. O. Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/29 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1930 to Oct 29, 1930 that I last saw him alive on Oct 29, 1930 and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Parenchymatous Nephritis
1324
102
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) High Blood Pressure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
(DID AN OPERATION PRECEDE DEATH) no DATE OF -
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Chemical tests
(Signed) H. H. Ferguson, M. D.
1930, 1930 (Address) Springfield MO

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Myrtle Court DATE OF BURIAL 10-31 1930

20. UNDERTAKER H. H. Ferguson ADDRESS Springfield MO

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

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