

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

Do not use this space.

33146

1. PLACE OF DEATH

County Jackson
Township Greene
City Greene Mo

Registration District No. 399
Primary Registration District No. 5002
No. 2728 Sullivan

File No. _____
Registered No. 4879
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2728 Sullivan Ward 3
(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

3. SEX Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Aaron Duncan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 19-1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
84 1 8

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

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

10. NAME OF FATHER William P. Masera

11. BIRTHPLACE OF FATHER (CITY OR TOWN) W.Va.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no record
(STATE OR COUNTRY)

14. INFORMANT Bruce Duncan
(Address) 2728 Sullivan Rd. R.E. 240

15. FILED 10/29/30 M.M. Carver
REGISTRAR Asst

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 27 1930

17. I HEREBY CERTIFY, That I attended deceased from 6-27- 1931, to 11-24- 1930, that I last saw he alive on 10-27-11-45 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Arterio-Sclerosis

97 (duration) 6 yrs. 6 mos. 6 ds.

CONTRIBUTORY (SECONDARY) 97 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Frank B. Hooper M. D.
10-27-30 (Address) 3115 Prospect St. W.D.

*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 M. Mariah DATE OF BURIAL Oct-30, 30

20. UNDERTAKER Mrs. C. F. Foster ADDRESS R.P. 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.

Westover Lo - 3590

358.55 Hi - 3323

4:30 - 5:00 pm

10 A tn
