

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

Do not use this space.

5374

MAR 25 1931

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 3019
City Independence Mo Independence St. Independence Ward

File No. _____
Registered No. 56
St. _____ Ward _____

2. FULL NAME

Larry Carroll Masterson
(a) Residence. No. Hereford & Pearl 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. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1931
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(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)

Independence Mo

10. NAME OF FATHER

James Masterson

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

Independence Mo

12. MAIDEN NAME OF MOTHER

Nesta Battle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Independence Mo

14. INFORMANT (Address)

James Masterson
Hereford & Pearl

15. FILED

2-9-31 JH Cook

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

H
16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1931
17. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1931, to Feb 7, 1931 that I last saw h. s. or alive on Feb 7 - 1931, 1931, and that death occurred, on the date stated above, at 7:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemophilic
Hemorrhage from Umbilical
Staveland

CONTRIBUTORY (SECONDARY)

malnutrition (duration) yrs. mos. 3 ds.
14 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Breckner Wilson, M. 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

DATE OF BURIAL

Salus Church Cem 2-9- 1931

20. UNDERTAKER

ADDRESS

C. D. Carson & Son Indep 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Proprietor's Personal Charge
from amount Assets - Return
Contributions - Bank