

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

Do not use this space.

10776

1. PLACE OF DEATH

County Miller
Township Richwood
City (No. _____) _____ St. _____ Ward _____

Registration District No. 562
Primary Registration District No. 5757

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

| | | | |
|--|--|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> | |
| | | 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alton McKee</u> | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 17, 1902</u> | | | |
| 7. AGE | YEARS <u>28</u> | MONTHS <u>9</u> | DAYS <u>14</u> |
| | | | If LESS than 1 day, _____ hrs. or _____ min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House keeper</u> | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u> | | |
| | 10. Date deceased last worked at this occupation (month and year) _____ | | 11. Total time (years) spent in this occupation _____ |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co. Mo.</u> | | | |
| FATHER | 13. NAME <u>Chas. Mashon</u> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Susan Mashon</u> | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Owen Morrow</u> <u>Sudheimer Mo</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dake Cem</u> DATE <u>Mar 2, 1931</u> | | | |
| 19. UNDERTAKER (ADDRESS) <u>Joe Brown</u> <u>Dixon Mo</u> | | | |
| 20. FILED <u>Apr 10, 1931</u> <u>William Gremp</u> Registrar. | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 1, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 1, 1931

I last saw him alive on Mar 1, 1931 Death is said to have occurred on the date stated above, at 10 a. m.

The principal cause of death and related causes of importance were as follows:

Measles Date of onset Feb 22

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____
(Signed) W. J. Gremp, M. D.
(Address) Iberia Mo.

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

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.

APR 24 1931

