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

13304

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 472
City St. Joseph, (No. 4607 King Hill Avenue, St. Ward)

2. FULL NAME Otto Glenn Massa,
(a) Residence. No. 4607 King Hill Ave., St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 yrs. 3 mos. 13 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 (write the word): Married,
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Massa,
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan'y. 16, 1910
7. AGE: Years 21, Months 3, Days 13, If LESS than 1 day, ___ hrs. or ___ min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer, 275
(b) General nature of industry, business, or establishment in which employed (or employer): Candy Co. (Wholesale)
(c) Name of employer: Douglas Candy Co.,
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri,
PARENTS
10. NAME OF FATHER: Oscar D. Massa,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): St. Joseph, Missouri,
12. MAIDEN NAME OF MOTHER: Maggie Harris,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Ohio,
14. INFORMANT: Mrs Otto G. Massa
(Address) 4607 King Hill Avenue,
15. FILED APR 30 1931 John R Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 29 1931
17. I HEREBY CERTIFY, That I attended deceased from April 19, 1931, to April 28, 1931, that I last saw him alive on April 28, 1931, and that death occurred, on the date stated above, at 1:50 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Rheumatism
(duration) yrs. mos. 14 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? Clinical
(Signed) Charles H. Werner M. D
Apr 29 1931 (Address) 315 Kirkpatrick Bldg

*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: St. Joseph Memorial Park Cemetery
DATE OF BURIAL: May 1st. 1931
20. UNDERTAKER: Heaton-Bigold & Bowman Funeral Home
ADDRESS: 319 S. 10 St.

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.

MAY 21 1931