

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

Do not use this space.

16678

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **2831 R. Dayton** St. **21** Ward)

File No. ....

Registered No. **5207**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **2831 R. Dayton** St. **21** Ward.

Length of residence in city or town where death occurred yrs. mos. da.

(If nonresident give city or town and State)

How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

**Female**

4. COLOR OR RACE

**Col**

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

**Widow**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

**Jan 1 1893**

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

**58**

**3**

**29**

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

**Domestic**

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

**Unknown La**

10. NAME OF FATHER

**Henry Masley**

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

**Unknown**

12. MAIDEN NAME OF MOTHER

**Unknown**

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

**Unknown**

14.

INFORMANT (Address)

**Loretta Hoyle 2842<sup>a</sup> Madison St**

15.

FILED

19

**Myrtle Park**

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

**4/29/31** 19

17.

I HEREBY CERTIFY, That I attended deceased from **4/14/31** 19, to **4/29/31** 19, (that I last saw her alive on **4/29/31** 19, and that death occurred, on the date stated above, at **315 P**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Chronic Endocarditis**

CONTRIBUTORY (SECONDARY)

**131 Chronic Nephritis**

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

**Dr. J. J. Jones, M.D. 1/31/19 (Address) 2330 Franklin**

\*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

**Father Dickson**

**5-2 1931**

20. UNDERTAKER

**W. F. Walton**

ADDRESS

**2901 Stoddard**

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.

