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.

JUN 24 1931

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

Do not use this space.

17168

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 510

City St. Joseph (No. St. Joseph Hospital St. Ward)

2. FULL NAME Horace Masoner

(a) Residence. No. St., Ward. Gower Missouri
(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: 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 Hallie Masoner

6. DATE OF BIRTH (MONTH, DAY AND YEAR) NUNE 9, 1875

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
55	11	1	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farm Laborer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Ernest Smith

210M

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

PARENTS

10. NAME OF FATHER Jacob Masoner

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Hallie Masoner
(Address) Gower Missouri

15. FILED MAY 11 1931 John R. Bender REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 10 1931

17. I HEREBY CERTIFY, That I ~~attended deceased from~~ viewed remains, 19, to, 19, that I last saw him alive on, 19, and that death occurred, on the date stated above, at 3:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured Skull Result of auto collision at 29th and Dear were not drunk or blinded by lights (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. 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? History

(Signed) B. W. Tadlock Coroner M.D.

May 11 1931 (Address) 821 Francis

*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: Union Mill Cemetery

DATE OF BURIAL: May 12 1931

20. UNDERTAKER: H Oudenfaden

ADDRESS: 1802 Union st.