

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

Do not use this space.

20535

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 127
St. _____ Ward _____

2. FULL NAME

Mrs Mamey Befinda Masters
(a) Residence. No. 442 West Point Court St. _____ Ward _____
(Usual place of abode) St Louis mo

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 16 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 3 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife 23
(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) Ind. ?

10. NAME OF FATHER H. O. Peery

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

12. MAIDEN NAME OF MOTHER Lovina Kindell

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

14. INFORMANT Hendrick Masters
(Address) 442 West Point Court

15. FILED 6/8/31 F. C. Suggett REGISTRAR
by Selby

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9, 1931

17. I HEREBY CERTIFY that I attended deceased from 6-2-31, 1931, to 6-9-31, 1931, that I last saw her alive on 6-7-31, 1931, and that death occurred, on the date stated above, at 2:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Edema
750 (duration) yrs. mos. been
11.5 Chronic Myocarditis
(SECONDARY) (duration) 6 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St. Louis, Mo
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical Diagnosis
(Signed) Frank E. Dyer M. D.
, 19 31 (Address) Columbia Mo

*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 Valley Cemetery DATE OF BURIAL 6-11-1931

20. UNDERTAKER B. F. Baker ADDRESS Columbia

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 28 1931

1075 *glaucomifera*