

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

Do not use this space.

23677

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City..... (No. 2928 Sheridan Ave)..... St. Ward

File No.
Registered No. 7196
St. Ward

2. FULL NAME

Albert Maskey Jr.
(a) Residence. No. 2928 Sheridan Ave 21 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 6-1911</u>		
7. AGE	YEARS	MONTHS
	<u>20</u>	<u>2</u>
		DAYS
		<u>22</u>
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work. <u>Porter 245</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>May Fair Hotel</u>		
(c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1931

17. I HEREBY CERTIFY, That I attended deceased from April 11 1931 to June 28 1931, that I last saw him alive on June 21 1931, and that death occurred, on the date stated above, at 3 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis of the lungs

23A (duration) yrs. 3 mos. 0 ds.

CONTRIBUTOR (SECONDARY) 23 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 0

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? fluorescentation and
(Signed) John Paul Nemors M. D.
6/30 1931 (Address) 3142 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.

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

PARENTS

10. NAME OF FATHER <u>Albert Maskey</u>
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER <u>Lulu Williams</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)

14. INFORMANT Jadice Pettis (Address) 2928 Sheridan Ave.

15. FILED JUN 30 1931 St. Peter C. Frankel REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peter's Cem DATE OF BURIAL July 2 1931

20. UNDERTAKER E. A. Green ADDRESS 2915 Lincoln

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.

RECORD THIS IS A PERMANENT RECORD

