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.

NOV 28

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

Do not use this space.

35588

1. PLACE OF DEATH
County St Louis. Registration District No. 789 File No.
Township Central Primary Registration District No. 60 33B Registered No. 305
City (No. 3343 Marshall Ave. St. Ward)

2. FULL NAME Tolbert Scott Massey. known as Thomas Massey
(a) Residence, No. 3343 Marshall 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 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) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1851

7. AGE YEARS 80 70 MONTHS 8 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. not employed.
10. Date deceased last worked at this occupation (month and year) Oct. 1927
11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jonesboro Ills.

FATHER
13. NAME Claytonne Massey.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N C.

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Mrs. Rose Carriker 3343 Marshall Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Anna Ills DATE Oct 8 1931

19. UNDERTAKER (ADDRESS) Peltz Bros 3029 Lafayette Ave

20. FILED 10-6 1931 Nolla Bracy M. D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 25 1931 to Oct 5 1931
I last saw him alive on Oct 5 1931. Death is said to have occurred on the date stated above, at 12 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
93A	
97 Myo Cordilis (acute)	Oct 5
97	
Other contributory causes of importance:	
Arteriosclerosis	2 yrs

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Chester G. Poe, M. D.
(Address) 61 & 3 Easton