CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1931

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

Do not use this space.

37046

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 124 — File No.
Township Byrd — Primary Registration District No. 5179 — Registered No. 44
City Near Jackson (No. , St. Ward)

2. FULL NAME Robert M Masterson
(a) Residence, No. 3 Miles East of Jackson St., Ward.
(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: Ella G. Masterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1 1858

7. AGE: YEARS 73 — MONTHS 0 — DAYS 29 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: ✓
10. Date deceased last worked at this occupation (month and year): ✓
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Cape Girardeau Mo.

FATHER
13. NAME: David Eli Masterson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Cape Girardeau Mo.

MOTHER
15. MAIDEN NAME: Martha J Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Cape Girardeau Mo.

17. INFORMANT (ADDRESS): Wilson Masterson RFD 5 Jackson Mo.

18. BURIAL, CREMATION, OR REMOVAL: Lorimer Cemetery
PLACE Cape Girardeau DATE Dec. 2 1931

19. UNDERTAKER (ADDRESS): Cracraft-Miller Jackson Mo.

20. FILED 12-2 1931 D. G. Seiber Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11/30, 1931

22. I HEREBY CERTIFY, That I attended deceased from 4/26, 1931, to 11/30, 1931
I last saw him alive on 11/28, 1931. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Bronchi)	11-25-31
186A	
194B	
189A	

186C

Other contributory causes of importance:
Fr. Rib

Name of operation: None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Acc. Date of injury Oct., 1931
Where did injury occur? Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury: Fall
Nature of injury: Fracture of Rib

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: Yes - on Farm
(Signed) A. L. Smith, M. D.
(Address) Cape Girardeau Mo.

MAY 21 1945