

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.

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

Do not use this space.

28658

1. PLACE OF DEATH

14 County Callaway Registration District No. 105  
Township Clayvass Primary Registration District No. 5753  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

2. FULL NAME

Henry Masek  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 77 yrs. mos. ds. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosa Masek

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
77 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Passer

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. 80

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portland, ME

13. NAME Peter Masek

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia, 7

15. MAIDEN NAME Rosa Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bohemia

17. INFORMANT Chas J. Masek (ADDRESS) Portland, Me R.F.D.

18. BURIAL, CREMATION, OR REMOVAL PLACE Portland, Me DATE 9-29-32

19. UNDERTAKER Wm. M. Moseley (ADDRESS) Mokane, Mo

20. FILED 9/28/32, 1932 W. J. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-32, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1932 to Sept 25, 1932

I last saw him alive on Sept 25, 1932 Death is said to have occurred on the date stated above, at 4:45 P.M.

The principal cause of death and related causes of importance were as follows:

Cataract of eye  
followed by Paralysis  
and heart failure  
R. A. Moseley

Other contributory causes of importance: (1)

Name of operation \_\_\_\_\_ 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? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) L. W. Robertson, M. D.

(Address) Portland, Me

SEP 24 1932

THIS IS A PERMANENT RECORD

