

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

Do not use this space.

38986
2986

1. PLACE OF DEATH
 26 County Cole Registration District No. 213
 3 Township _____ Primary Registration District No. 2014
 8 City Jefferson (No. _____) St. _____ Ward _____
 2. FULL NAME Charles Masz
 (a) Residence, No. 227 1st St., _____ Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Mary Booper
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 - 1871
 7. AGE YEARS 61 MONTHS 4 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer, 183
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of Jefferson
 10. Date deceased last worked at this occupation (month and year) Dec 1 - 32
 11. Total time (years) spent in this occupation 10 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Mo
 FATHER
 13. NAME Paden Masz
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 MOTHER
 15. MAIDEN NAME No information
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do 31
 17. INFORMANT (ADDRESS) Hyde Booper Hartshorn
 18. BURIAL, CREMATION, OR REMOVAL PLACE Mr. Pleasant DATE 12/18 32
 19. UNDERTAKER (ADDRESS) Jefferson - 9000
 20. FILED 17/18 1932 Dr. Bedford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec 17 1932 to Dec 21 1932
 I last saw her alive on Dec 21 1932 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Sabur Pneumonia Date of onset 12/13/32
108 108
 Other contributory causes of importance:
 (1)
 Name of operation _____ Date of _____
 What test confirmed diagnosis Physical 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) W. J. Taylor M. D.
 (Address) Jefferson City Mo

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.

JAN 22 1933

MARGIN RESERVED FOR BINDING

S. No. 2.

