

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

Do not use this space.

1. PLACE OF DEATH  
87 County Ralls Co Mo Registration District No. 912  
Township Waverly Primary Registration District No. 5960 B  
City Waverly (No.        St.        Ward)       

2. FULL NAME Harrison Masson  
(a) Residence, No.        St.        Ward.         
(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. (If nonresident, give city or town and State)

File No. 6383  
Registered No. 8

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Masson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1854

7. AGE YEARS 78 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & stock raising

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) Ralls Co Mo

13. NAME Milton Masson

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

15. MAIDEN NAME Seely

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

17. INFORMANT Mrs Laura Masson  
(ADDRESS) Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Waverly DATE 9-19-1933

19. UNDERTAKER J. B. Clark  
(ADDRESS) Waverly Mo

20. FILED 2/17 1938 Mollie Eugene  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1933 to Feb 17, 1933  
I last saw him alive on Feb 16, 1933 Death is said to have occurred on the date stated above, at 11:25 a.m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
82A  
82A

Other contributory causes of importance:  
      

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       , 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?         
If so, specify         
(Signed) H. G. Paul, M. D.  
(Address) Waverly Mo

