

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph, Mo. (No. Mo.)

Method Hospital

File No. 8581

Registered No. 3112

St. _____ Ward _____

2. FULL NAME

Horace Masley

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

Nortonville Kan.
(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 Bertie Masley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 21 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>57</u>	<u>6</u>	<u>25</u>	

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

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) Nortonville Kansas

13. NAME Wm G Masley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

15. MAIDEN NAME Catherine Ramsey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Bertie Masley
(ADDRESS) Nortonville Kan

18. BURIAL, CREMATION, OR REMOVAL PLACE Nortonville Kan. DATE March 18, 1933

19. UNDERTAKER Eleman Funeral Home
(ADDRESS) St. Joseph, Mo.

20. MAR 16 1933 19 J. M. R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to March 16, 1933

I last saw him alive on March 16, 1933. Death is said

to have occurred on the date stated above, at 19 m.

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

Uraemia
1931 Pylonephritis
1932
1933
Other contributory causes of importance:

Date of onset

Obstructing Prostatic Hypertrophy

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? _____ 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) J. J. Hansbach, M. D.

(Address) 825 2nd Ave

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.

APR 21 1933

