

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

Do not use this space.

20048

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prairie Primary Registration District No. 5553B
 City Lee's Summit (No. P.F.D.)

File No. _____
 Registered No. 123
 St. _____ Ward _____

2. FULL NAME MASTERS, ELIJAH

(a) Residence, No. Lee's Summit St. P.F.D. 1. Ward.

(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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Masters
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1856
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 4 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) awareness
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessie Masters
Kans.

13. NAME Jessie Masters

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

15. MAIDEN NAME Elizabeth Wolff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
new jersey

17. INFORMANT (ADDRESS) E. P. Masters
Lee's Summit Mo

18. BURIAL, CREMATION OR REMOVAL PLACE Phelps
Lee's Cemetery DATE June-26-1933

19. UNDERTAKER (ADDRESS) Fields - James Co.
Lee's Summit Mo.

20. FILED 6-26 1933 Wm. T. Fields
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933 to June 24, 1933

I last saw him alive on June 10, 1933. Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Angina Pectoris
gout
gout

Date of onset 17-30

Other contributory causes of importance:

Generalized Arteriosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? Specimens as there an autopsy? No

23. If death was due to external cause (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) Vernon J. Peters, M. D.
 (Address) Lee's Summit, 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.

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22

