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.

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

Do not use this space.

39160

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township — Primary Registration District No. 1001 — Registered No. 1183
City St. Joseph, Mo. (No. Hillcrest Apartments St. Ward)

2. FULL NAME Walter Allen Masters Sr.
(a) Residence, No. Hillcrest Apartments St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 21 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: Marie Masters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27, 1874

7. AGE: YEARS 59 — MONTHS 9 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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): Roanoke, Virginia

FATHER
13. NAME: Moses M. Masters
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown

17. INFORMANT (ADDRESS): Ralph Masters, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: Dec. 4, 1933

19. UNDERTAKER (ADDRESS): Fleeman Mortuary, Inc. St. Joseph, Mo.

20. FILED: 12-4-1933 John R Bender, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 1, 1933

22. I HEREBY CERTIFY, That I ~~attended~~ received deceased ~~from~~ on Dec. ....., 19...., to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 4:45 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset

Other contributory causes of importance: no facts

Name of operation: none — Date of
What test confirmed diagnosis? Clin Hist — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no — Date of injury ....., 19....
Where did injury occur? none (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. none
Manner of injury: none
Nature of injury: none

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Forrest Thomas Coroner, M. D.
(Address) 801½ Felix St.