

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

Do not use this space.

545

8-21  
21

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.

1. PLACE OF DEATH  
 County Clay Registration District No. 201  
 Township Liberty Primary Registration District No. 5280  
 City Liberty No. 3012 St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 2. FULL NAME John H. De Mass  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) E. Mississippi (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 15 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) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) Wife Nellie De Mass.  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 - 1872  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 3 21  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for self.  
 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) Marion Co. Iowa  
 13. NAME James De Mass.  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 15. MAIDEN NAME Jane Karr  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.  
 17. INFORMANT (ADDRESS) Mrs. Wm P. Ligon Liberty, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 1/22/34  
 19. UNDERTAKER (ADDRESS) Chas. H. Archer Co Liberty, Mo  
 20. FILED 120 1934 E. T. Bolant Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20, 1934  
 22. I HEREBY CERTIFY, that I attended deceased from Dec 8, 1933, to Jan 20, 1934  
 I last saw him alive on Jan 19, 1934. Death is said to have occurred on the date stated above, at 7:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Nephritis associated with Mitral valve disease and general arteriosclerosis  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance Severe hemorrhage from bowel of unknown origin  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Wm H. Garrison, M. D.  
 (Address) Liberty, Mo.

