

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

Do not use this space.

OCT 12 1934

74 1. PLACE OF DEATH
Nodaway.
County Hughes.
Township
City (No. St. Ward)

Registration District No. 622
Primary Registration District No. 4873

File No. 33580
Registered No. 11

2. FULL NAME John W. Massingale.

(a) Residence, No. St. Ward.

(Usual place of abode)

(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 Rose Etta. Massingale.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 31. 1858.
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76. 10

OCCUPATION
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) Nodaway Co Mo. (STATE OR COUNTRY)

13. NAME Washington Massingale.

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

15. MAIDEN NAME Not Known.

16. BIRTHPLACE (CITY OR TOWN) Not Known. (STATE OR COUNTRY)

17. INFORMANT Chas. W. Massingale. (ADDRESS) Graham Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Round City, Mo. DATE September 10, 1934

19. UNDERTAKER Price Funeral Home (ADDRESS) Maryville Mo.

20. FILED Oct 2 1934 Mrs Edd Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9. 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1934, to Sept 9, 1934. I last saw him alive on Sept 9, 1934. Death is said to have occurred on the date stated above, at 9 a. m.

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

Pneumonia
1070W Probably about 9 weeks
Chronic Bronchectasis several years
Date of onset about 10 weeks
Other contributory causes of importance

Name of operation none 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? No
If so, specify
(Signed) E. M. Fendley, M. D.
(Address) Graham Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully checked.

