

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.

JAN 18 1935 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42877

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Paris Primary Registration District No. 100
City St. Louis (No. Gen. Hosp #2)

File No. _____
Registered No. 5253
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1908 Woodland 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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Coal yard work

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) Missouri

13. NAME Nicholas Masby

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

15. MAIDEN NAME Lucy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Arthur Masby
(ADDRESS) 1909 Vine

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 12-7- 1934

19. UNDERTAKER Sarver - Crisp - Erving
(ADDRESS) 1119 E 18th St

20. FILED 12-6 1934 m m c rowd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/4 1934

22. I HEREBY CERTIFY, THAT I attended deceased from _____ 19____ to _____ 19____

I last saw him _____ alive on _____ 19____ Death is said to have occurred on the date stated above, at 3:40 P m.

The principal cause of death and related causes of importance were as follows: Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) _____ M. D.

(Address) _____

