

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.

MAR 28 1935

2620

1. PLACE OF DEATH

County St. Clair

Registration District No. 763

Township Bethel

Primary Registration District No. 4458

City Louisy City Mo (No. _____)

File No. _____

Registered No. 19

St. _____ Ward _____

2. FULL NAME

William Washington Mastries

(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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/14/1935

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1935, to Jan 14, 1935

I last saw him alive on Jan 14, 1935. Death is said to have occurred on the date stated above, at 10 P.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 26 1856

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 78 8 18

Arterio Insufficiency Date of onset _____

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) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Near Jamesport Mo (STATE OR COUNTRY) Livingston Co.

13. NAME Geo. Washington Mastries

Name of operation _____ Date of _____

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Martha Webb

16. BIRTHPLACE (CITY OR TOWN) out know Virginia (STATE OR COUNTRY) _____

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. _____

17. INFORMANT Mrs. Minnie Mastries (ADDRESS) Madison Mo.

Manner of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring City Cemetery DATE 1/16/35

Nature of injury _____

19. UNDERTAKER H.C. Austin (ADDRESS) Louisy City Mo

24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____

20. FILED Mar 28 1935 Geo. D. Ingh Registrar.

(Signed) E. J. Stratton, M. D. (Address) Louisy City

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