

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

Do not use this space.

MAR 26 1935

9582

**1. PLACE OF DEATH**

County Jackson  
 Township General  
 City St. Joseph (No. \_\_\_\_\_)

Registration District No. H 3  
 Primary Registration District No. 5559C

File No. \_\_\_\_\_  
 Registered No. 9 (St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence, No. Vernie Masterson  
 (Usual place of abode) 70 Ball St. Ward. Jeff City  
 Length of residence in city or town where death occurred yrs. 10 mos. 1 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 Irene Masterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 - 1903  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner  
 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) Jeff City, Mo

13. NAME Dan Masterson  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jesse

15. MAIDEN NAME Mary Patrick  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Cadaveria Cave DATE Mar 4 1935

19. UNDERTAKER (ADDRESS) Wash. City, Wash. Co. Mo.

20. FILED 3-9 1935 Harry A. Weaver Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 2 1935

22. I HEREBY CERTIFY, That I attended deceased from May 1 1934 to March 2 1935  
 I last saw him alive on March 2 1935 Death is said

to have occurred on the date stated above, at 10 a m.  
 The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis  
 Other contributory causes of importance: 23

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? Post Mortem 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? Yes  
 If so, specify mining  
 (Signed) Wm. E. DeLongue, M. D.  
 (Address) Jeff City

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.

