APR 9 1935

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

Do not use this space.

11003

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 2632

City St. Louis, Mo. (No. 4214 Bingham St. ..... Ward)

2. FULL NAME Emma Adeline Massie

(a) Residence, No. 4214 Bingham Av. St., 15 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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 OF: Henry Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 12, 1844

7. AGE: Years 90 | Months 3 | Days 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): 3/15/35
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Baltimore Maryland

FATHER

13. NAME: John Dryden Massie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland

MOTHER

15. MAIDEN NAME: Adeline Heath
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Maryland ?

17. INFORMANT (ADDRESS): C. M. Massie 4214 Bingham Av.

18. BURIAL, CREMATION, OR REMOVAL: Winfield, Mo.
PLACE: Asbury Cem. DATE: March 21, 1935

19. UNDERTAKER (ADDRESS): David L. Forbush Winfield, Mo.

20. FILED MAR 20 1935 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/15, 1935, to 3/19, 1935

I last saw her alive on 3/19, 1935. Death is said to have occurred on the date stated above, at 9:55 a.m.

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

	Date of onset
Bronchopneumonia (Terminal)	3/18/35
Cerebral Apoplexy (Thrombotic type) - Lt Cerebral Hemisphere	3/15/35

Other contributory causes of importance: 82a

Name of operation ..... Date of .....

What test confirmed diagnosis? Examination only 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) J. McCl. Batts, M. D.

(Address) 7327 S. Broadway St. Louis, Mo.

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.

MARGIN RESERVED FOR BINDING

V. S. NO. 2