SEP 10 1935

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

Do not use this space.

25622

File No.
Registered No. 838

85

Registration District No. 1001
Primary Registration District No.

1. PLACE OF DEATH
County Buchanan
Township
City St. Joseph, (No. Missouri River Foot of Walnut Str St. Ward)

2. FULL NAME Eugene Allen Massa
(a) Residence, No. 2417 So. 3rd Street St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 yrs. 7 mos. 26 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10. 1926.

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8	7	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 3rd Grade Floyd School
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri

FATHER
13. NAME John Alvin Massa
14. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Charlotte Stufflebean
16. BIRTHPLACE (CITY OR TOWN) Brookfield,
(STATE OR COUNTRY) Missouri

17. INFORMANT John Alvin Massa
(ADDRESS) 2417 So. 3rd Str St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem
PLACE St. Joseph, Mo. DATE Aug. 9th 1935

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Str St. Joseph, Mo.

20. FILED 8-8, 1935 John R Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 6, 1935

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ visited
Aug 8, 1935, to, 19..
I last saw him alive on Aug. 6, 1935. Death is said to have occurred on the date stated above, at 4/45a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Drowning (Accidental)	

Other contributory causes of importance: Swimming at foot of walnut St.

Name of operation none Date of
What test confirmed diagnosis? Eye Witness Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 8/6, 1935
Where did injury occur? St Joseph
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury Drowning.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Tomsh Thomas Coroner, M. D.
(Address) 731 Faraon

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.