

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.

25825-a

JAN 15 1936

1. PLACE OF DEATH

County Cape Registration District No. 131
Township Randolph Primary Registration District No. 0782
City (No. _____) St. _____ Ward _____

2. FULL NAME

Richard Wayne Masterson

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5-1933</u>		
7. AGE	YEARS <u>2</u>	MONTHS <u>4</u>
	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	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) <u>near Jackson Mo.</u>		
FATHER	13. NAME <u>Elbert Huey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Seelyville Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Anna Masterson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>near Jackson Mo.</u>	
17. INFORMANT (ADDRESS) <u>G. D. Masterson Cape Girardeau Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Apple Creek</u> DATE <u>Aug 21, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Crawford & Mellen Jackson Mo.</u>		
20. FILED <u>Jan 10 1936</u> <u>Oliver J. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20, 1935

22. I HEREBY CERTIFY, That I attended deceased from 5 AM Aug 26, 1935, to 11 AM Aug 20, 1935
I last saw him alive on Aug 20, 1935 Death is said to have occurred on the date stated above, at 11 a. m.
The principal cause of death and related causes of importance were as follows:
Alcoholism for 10 days
Was comatose when I saw him for 1st time

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____
(Signed) D. G. Leibert, M. D.
(Address) Jackson, Mo.

