

DEC 16 1935

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

Do not use this space.

35095

1. PLACE OF DEATH

County Bate Registration District No. 50
Township..... Primary Registration District No. 3004
City Butler (No. St. Ward)

File No.
Registered No. 78 St. Ward)

2. FULL NAME

Mrs. Mary Alice Lee Masters
(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 female 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 - 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
29 5 21

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
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) Illinois

MOTHER 13. NAME Albert Hedges

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quindlen Ill.

15. MAIDEN NAME Ellenor Coleman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beecher City Illinois

17. INFORMANT Sam Lee Masters (ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dak Hill DATE November 21, 1935

19. UNDERTAKER Gilbert (ADDRESS) Butler Mo

20. FILED Nov 21 1935 Mina L. Culver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 19th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 5, 1934, to November 18, 1935
I last saw h.e.r. alive on November 18, 1935 Death is said

to have occurred on the date stated above, at 9 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary
Tuberculosis

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 Chas. J. Beck, M. D.
(Signed) Butler, Missouri
(Address)

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.

