

MAY 23 1936

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

Do not use this space.

15960

1. PLACE OF DEATH  
 County McDonald Registration District No. 1167  
 Township Elkhorn Primary Registration District No. 5698  
 City Stella Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lucinda M. Maser  
 (a) Residence, No. Stella Mo. St. R.F.D. #2 (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 Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF B.F. Maser  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5 - 1862  
 7. AGE YEARS 73 MONTHS 6 DAYS 8 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 MOTHER FATHER  
 13. NAME Masters  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey  
 15. MAIDEN NAME Taylor  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
 17. INFORMANT Ada Callings  
 (ADDRESS) Stella Mo R.F.D. #2  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley Country DATE 4-14 1936  
 19. UNDERTAKER Chas W. Williams  
 (ADDRESS) Stella Mo.  
 20. FILED Apr 19 1936 Ada Callings  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13 1936  
 22. I HEREBY CERTIFY, That I attended deceased from April 12 1936, to April 13 1936.  
 I last saw h. alive on April 13 1936. Death is said to have occurred on the date stated above, at 11 p.m.  
 The principal cause of death and related causes of importance were as follows:  
lobar pneumonia  
1/2  
 Other contributory causes of importance:  
influenza  
 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) J. H. Edmundson, M. D.  
 (Address) Stella Mo

Date of onset  
4-9-36

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.

