

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

Do not use this space.

'JUN 27 1936'

1. PLACE OF DEATH

County Cass
Township Key
City Keytesville (No. _____)

Registration District No. 171
Primary Registration District No. 1100

File No. 18849
Registered No. 72
St. _____ Ward _____

2. FULL NAME

Robert Erwin LaMaster

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Eliza LaMaster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 - 1848

7. AGE YEARS 87 MONTHS 10 DAYS 2 IF LESS than 1 day, _____ hrs. or _____ min.

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

FATHER 13. NAME James LaMaster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Fannie Melissa

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT (ADDRESS) Frank LaMaster Keytesville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE May 20 1936

19. UNDERTAKER (ADDRESS) Hyde & Bennett Keytesville Mo

20. FILED 5-22 1936 Mr. Roy Sanders Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5, 1936, to May 18, 1936
I last saw him alive on May 11, 1936 Death is said to have occurred on the date stated above, at 2:30 P
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
Date of onset 5-18-36

Other contributor cause of importance: Senility
Pericarditis

Name of operation no Date of _____
What test confirmed diagnosis? clinical 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) O. W. Dameron, M. D.
(Address) Keytesville, Mo.

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.

