

NOV 28 1936

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

Do not use this space.

38003

1. PLACE OF DEATH

County Jasper Co Registration District No. 406 File No. _____
Township Jacin Primary Registration District No. 5569 Registered No. _____
City _____ (No. 2 Miles N. by Carthage Ward) _____

2. FULL NAME

Amos Mast
(a) Residence, No. 11 miles S.W. of Weir City, Mo. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 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) Feb 3 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 7 25

8. Trade, profession, or particular kind of work done, as planer, 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) Ind

13. NAME Levi Mast

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

15. MAIDEN NAME Susan Mee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) John Mast

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant View DATE Oct 30 1936

19. UNDERTAKER (ADDRESS) W. H. Hatfield Co

20. FILED Oct 29 1936 Carthage

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 28 1936

22. HEREBY CERTIFY, That I attended deceased from Oct 27 1936 to Oct 29 1936

I last saw him on Oct 28 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

The principal cause of death and related causes of importance were as follows

Emp. heart failure

Other contributory causes of importance arteriosclerosis

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

23. If death was due to external causes (injury), fill in also the following:
Accident, suicide, or homicide accident Date of injury Oct 28 1936

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 falling from a tree
Nature of injury fracture of skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____

(Signed) W. H. Hatfield, M. D.
(Address) _____

MARGIN RESERVED FOR OTHER INFORMATION

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Coroner

