

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

Do not use this space.

FEB 28 1937

1. PLACE OF DEATH

County Pike
Township Prairieville
City (No. 2)

Registration District No. 687
Primary Registration District No. 571

File No. 2595
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Addie Masby

(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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Masby</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13-1867</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>3</u>	DAYS <u>—</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		If LESS than 1 day, _____ hrs. or _____ min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>23</u>		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bowling Green Mo.

MOTHER FATHER 13. NAME Richard Gooch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
K.Y.

MOTHER 15. MAIDEN NAME Eliza Fisher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Bowling Green Mo.

17. INFORMANT (ADDRESS)
Sterling P. Masby Siles M.P.

18. BURIAL, CREMATION, OR REMOVAL PLACE Eliza Cemetery DATE Jan 15th 1937

19. UNDERTAKER (ADDRESS)
Gooch Hardware Co. Eliza Mo

20. FILED Jan. 15th 1937 T. M. Gooch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937

22. I HEREBY CERTIFY that I attended deceased from Jan. 10, 1937, to Jan. 13, 1937
I last saw her alive on Jan. 12, 1937. Death is said to have occurred on the date stated above, at 8 P. m.

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

Cerebral Hemorrhage 1-8-37

Other contributory causes of importance:

Arterio-sclerosis unknown

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? No.
If so, specify _____

(Signed) Dr. A. G. Hazzard, M. D.

(Address) Eliza, Missouri

WRITE PLAIN 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.

