Dr. Webster

SEP 20 1937

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

Do not use this space.

File No. 30927

Registered No.

1. PLACE OF DEATH

County: Jasper

Township: Madison

City: (No. Route 1, Carthage St. Ward)

Registration District No. 408

Primary Registration District No. 5564

2. FULL NAME Dewitt Clinton LeMasters

(a) Residence, No. Route 1, Carthage St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah A. Campbell LeMasters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9, 1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
54	10	22	

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) Jasper County Missouri

FATHER

13. NAME Isaac LeMasters

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

MOTHER

15. MAIDEN NAME Sarah Ann Heston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glaze County Ohio

17. INFORMANT (ADDRESS) Mrs. Sarah LeMasters Carthage, Missouri, R#1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fasken Cemetery DATE Aug. 3, 1937

19. UNDERTAKER (ADDRESS) Ulmer Funeral Home Carthage, Missouri

20. FILED Aug 3 1937 J. B. Clinton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Aug 1, 1937
I last saw h... alive on Aug 1, 1937. Death is said to have occurred on the date stated above, at 10:15pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
	Aug 1935

Other contributory causes of importance:

Epithelioma of R. Cheek	1934

Name of operation 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) C. A. Webster, M. D.
(Address) Carthage, 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.