

DEC 4 APR 23 1938

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

12394
Do not use this space.

1. PLACE OF DEATH:
(a) County Vernon Registration District No. 875
(b) Township Washington Primary Registration District No. 6162 Registered No. 98
(c) City (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred 7 yrs. 4 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Wm. H. Massey 203
(a) Residence, No. State Hospital #30 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 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) May 14, 1871
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 10 23
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. R.R. (track maint.)
9. Industry or business in which work was done, as saw mill, bank, etc. insurance
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) Mo. 0

FATHER 13. NAME John E. Massey 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. 1

MOTHER 15. MAIDEN NAME Elizabeth Galloway
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) David F. Massey
Deerpwater Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE Apr. 7 1938

19. FUNERAL DIRECTOR (ADDRESS) Fred Williamson
Clinton Mo.

20. FILED 4-6 1938 Allen V. Hoar
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1932 to April 6 1938

I last saw him alive on 11.11.1938 Death is said to have occurred on the date stated above, at 12-11.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis Date of onset ?
myocardial infarct 92 P.P. Date of onset 2

Other contributory causes of importance: myocardial infarct

Name of operation none 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) J. J. O'Dell M. D.
Nerada Mo. (Address)

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)