

REC'D JUL 14 1939

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

Do not use this space.

22664

1. PLACE OF DEATH  
64 County Marion Registration District No. 547  
Township Marion Primary Registration District No. 3029  
5 City Hannibal (No. St. Elizabeth Hospital) File No. \_\_\_\_\_  
Registered No. 191 Ward \_\_\_\_\_

2. FULL NAME 2266 Fallie Arasmus Masterson  
(a) Residence, No. Palmyra, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 5 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Swigert Masterson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 20, 1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 5 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Hannibal, Mo. (STATE OR COUNTRY) 0

13. NAME Arasmus Masterson 0

14. BIRTHPLACE (CITY OR TOWN) Palmyra, Mo. (STATE OR COUNTRY) 0

15. MAIDEN NAME Nora Day

16. BIRTHPLACE (CITY OR TOWN) Warren, Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Lula Masterson (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL Warren, Mo. PLACE Warren Cem DATE 6/26/39 19.

19. UNDERTAKER Lewis Boyd (ADDRESS) Palmyra, Mo.

20. FILED June 26, 1939 WC Fisher Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

I HEREBY CERTIFY That I attended deceased from June 10, 1939, to June 23, 1939  
I last saw him alive on June 5, 1939. Death is said to have occurred on the date stated above, at 6:25 p.m.

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

Other contributory causes of importance: 78 Date of onset

Encephalitis  
(non infectious)  
non specific

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chin lob 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?

If so, specify \_\_\_\_\_

(Signed) J. P. Reubens, M. D.

488 (Address) 6001 Bluffton Rd

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.

