

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

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

JAN 10 1929

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

Do not use this space.

44961

1. PLACE OF DEATH

County WAYNE / Registration District No. 890  
Township NEAR-SILVA / Primary Registration District No. 11104  
City NEAR-SILVA, (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

JOHNNIE MASEY  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? 60 yrs. mos. ds. (If nonresident, give city or town and State) RES.

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) 11-2-1878

7. AGE YEARS 60 MONTHS ✓ DAYS ✓ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PATIENT

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) \_\_\_\_\_ / S

13. NAME NOT KNOWN / S

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_ / S

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT MRS. T. A. WARD (ADDRESS) POPIAR BLUFF, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE MONTGOMERY CHAPEL DATE NOV 30 1928

19. UNDERTAKER CROY FUNERAL SERVICE (ADDRESS) GREENVILLE, Mo.

20. FILED 11-28 1929 J. F. Paulus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/2 1928

22. I HEREBY CERTIFY, That I attended deceased from Oct 1 1928 to Nov 2 1928

I last saw him alive on Oct 31 1928 Death is said to have occurred on the date stated above, at 12:25 p.m.

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

Cancer of the Prostate Glands Date of onset \_\_\_\_\_

Other contributory causes of importance: 51

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? \_\_\_\_\_

If so, specify \_\_\_\_\_ (Signed) O. P. Myer, M. D.

(Address) Greenville, Mo.

Closed 4/10/38

1938