

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

Do not use this space.

32515

NOV 25 1935

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

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

2. FULL NAME

Charles Melville Massie
(a) Residence, No. Clinton 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 57 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 Flora Bell Massie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 13-1859

7. AGE YEARS 76 MONTHS 5 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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 36

12. BIRTHPLACE (CITY OR TOWN) Sunnyfield (STATE OR COUNTRY) Ohio

13. NAME Achrah Massie

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

15. MAIDEN NAME Elizabeth Kelly

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

17. INFORMANT Mrs. Roy D. Sauerwein (ADDRESS) 1021 W. 11th St. Clinton, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Englewood DATE 11-1 1935

19. UNDERTAKER Williams Funeral Home (ADDRESS) Clinton Mo.

20. FILED 11-2 1935 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-30 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1935, to Oct. 30, 1935

last saw him alive on Oct. 30, 1935 Death is said to have occurred on the date stated above, at 10:10 p. m.

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

Chronic interstitial nephritis (uremia)

Date of onset

1933

Other contributory causes of importance

Pyelonephritis Oct. 1935

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) S. B. Hughes M. D.

(Address) Clinton, Mo.

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

MAKING RESERVED FOR BINDING

VS. NO. 2
1004-1-11-24-33

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.

