

OCT 29 1930

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

Do not use this space.

30284

1. PLACE OF DEATH

County Jasper  
Township Central  
City Wheatley

Registration District No. 413  
Primary Registration District No. 5559c  
(No. 239 Hospital)

File No. ....  
Registered No. 50.17  
St. .... Ward)

2. FULL NAME

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

02 Care Junction, Mo.  
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Corra Masterson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
61 8 10

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) ..  
(c) Name of employer ..

9. BIRTHPLACE (CITY OR TOWN) Durham  
(STATE OR COUNTRY) Ass.

10. NAME OF FATHER John Masterson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) No record  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) No record  
(STATE OR COUNTRY)

14. INFORMANT Harrell Masterson  
(Address) 02 Care Junction, Mo.

15. FILED 9/25 1930 J E Wenner  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 24 1930

17. I HEREBY CERTIFY, That I attended deceased from July 18, 1930, to Sept 24, 1930, that I last saw h. alive on Sept 24, 1930, and that death occurred, on the date stated above, at 4:35 p m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis  
239 Sheldon's  
11-17 (duration) 3 yrs. mos. da.

CONTRIBUTORY (SECONDARY) No  
(duration) yrs. mos. da.

18. WHERE WAS DISSECTED/CONTROLLED  
IF NOT AT PLACE OF DEATH Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF ..  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Pouter Specklin  
(Signed) Jesse E. Dancy, M. D.  
9/25 1930 (Address) Wheatley, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Care Junction Mo DATE OF BURIAL Sept 26 1930

20. UNDERTAKER C. S. Kavanagh ADDRESS Care Junction Mo.

DEATH RECORD

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.

