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 PAPER, WITH GRADING LINES—THIS IS A PERMANENT RECORD

AUG 21 1934

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

Do not use this space.

24736

1. PLACE OF DEATH
County: Jackson
Township: Kansas
City: Kansas City (No. RESEARCH HOSPITAL St. Ward)
Registration District No.: 880
Primary Registration District No.:
File No.:
Registered No.:

2. FULL NAME: Mrs. Molley De Masters
(a) Residence, No. Liberty 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Roy De Masters

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 39 yrs. Years — Months — Days — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Wife
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) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Lee Paget
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: (Unk) Wolf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Roy De Masters, Liberty Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Liberty Mo DATE: 7-23 19 34

19. UNDERTAKER (ADDRESS): Hessel & Myers, Liberty Mo

20. FILED: 7-23. 19 34 M. M. Crow Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 18, 1934, to July 23, 1934
I last saw her alive on July 23, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Sup. appendicitis & general peritonitis | 7/16/34 |
| | " |
| | " |
| | " |
| | " |
| | " |

Other contributory causes of importance: Neat Stroke

Name of operation: none Date of
What test confirmed diagnosis? autopsy Was there an autopsy? Yes

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) E. F. Kolwegn, M. D.
(Address) 928 Pn. Bld. Kansas City Mo.

SEP 17 1945

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