

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

Do not use this space.

**SEP 17 1937**

**1. PLACE OF DEATH**

42 County Henry  
Township Beckham  
City Clinton (No. 1)

Registration District No. 347  
Primary Registration District No. 5489A

File No. 30795  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Robert J. Massey

(a) Residence, No. \_\_\_\_\_ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Massey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9 1857

7. AGE YEARS 80 MONTHS 2 DAYS 0 If LESS than 1 day, \_\_\_\_\_hra. or \_\_\_\_\_min.

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

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) Stokes Co north car

13. NAME Rufus H Massey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roxingdon n car

15. MAIDEN NAME Cristina Dalton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stokes car north car

17. INFORMANT Mrs J W Agg (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Englewood DATE 9-11 1937

19. UNDERTAKER Conradus & Pesi (ADDRESS) Clinton Mo

20. FILED 8-16 1937 J. R. Humphreys Registrar

Walker

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1937, to 8-9, 1937

First saw him alive on 8-9, 1937. Death is said

to have occurred on the date stated above, at 6 P. m.

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

Chronic myocarditis with hypertrophy

Date of onset 1-1-37

Other contributory causes of importance: 930

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 \_\_\_\_\_, 1937

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. R. Humphreys \_\_\_\_\_, M. D.

(Address) Clinton Mo

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.

