CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 19 1937

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

Do not use this space.

File No. 38142

Registered No. 141

1. PLACE OF DEATH

County Livingston — Registration District No. 505

Township Chillicothe — Primary Registration District No. 5674

City Fed. Highway #36 between Utica and Chillicothe St. ..... Ward)

2. FULL NAME Nove Frederick Mast

(a) Residence, No. 1216 West Polk St., 1st Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 51 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Beulah Mast

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	51	8	18	

OCCUPATION

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

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) Livingston County Missouri

FATHER

13. NAME George W. Mast

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

MOTHER

15. MAIDEN NAME Sarah Ann Husher

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

17. INFORMANT Mrs. W. W. Dunn
(ADDRESS) Chillicothe, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Olive DATE 10-30 19 37

19. UNDERTAKER F. B. Norman
(ADDRESS) Chillicothe, Missouri

20. FILED Oct. 29 1937 Donald M. Dow M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 23 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Skull fracture - accidental (automobile collision injury)	

Other contributory causes of importance:

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? accident Date of injury 10-23, 1937

Where did injury occur? Utica Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public highway

Manner of injury automobile collision

Nature of injury Skull fracture

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify .....

(Signed) C. A. Brady Coroner, M. D.

(Address) Chillicothe Mo