

NOV 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Missouri Registration District No. 556
Township Donnell Primary Registration District No. 4378
City Donnell (No. 1) St. 1st Ward

File No. 38231
Registered No. 63

2. FULL NAME

(a) Residence, No. William St. 1st 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to Oct 31, 1937

I last saw him alive on Oct 31, 1937 Death is said to have occurred on the date stated above, at 10 P. M.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 11, 1867
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. 70 20

Prostate disease Date of onset 8/1/37
Chronic Prostatitis

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Feed
eye hand & frames

acute nephritis 11B 10/15/37

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

acute bright disease 10/15-37
Probably Flu

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Messersville, Mo
(STATE OR COUNTRY)

13. NAME H. P. Mass

Name of operation none Date of 25-

14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

What test confirmed diagnosis Phys. Was there an autopsy? no

15. MAIDEN NAME Wart

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury no, 1937

16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Kentucky

Where did injury occur? no
(Specify city or town, county, and State)

17. INFORMANT Noel Mass
(ADDRESS) Princeton, Mo.

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

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Ch. DATE Nov. 2 1937

Manner of injury no

Nature of injury no

19. UNDERTAKER Noel Mass
(ADDRESS) Princeton, Mo

24. Was disease or injury in any way related to occupation of deceased? no

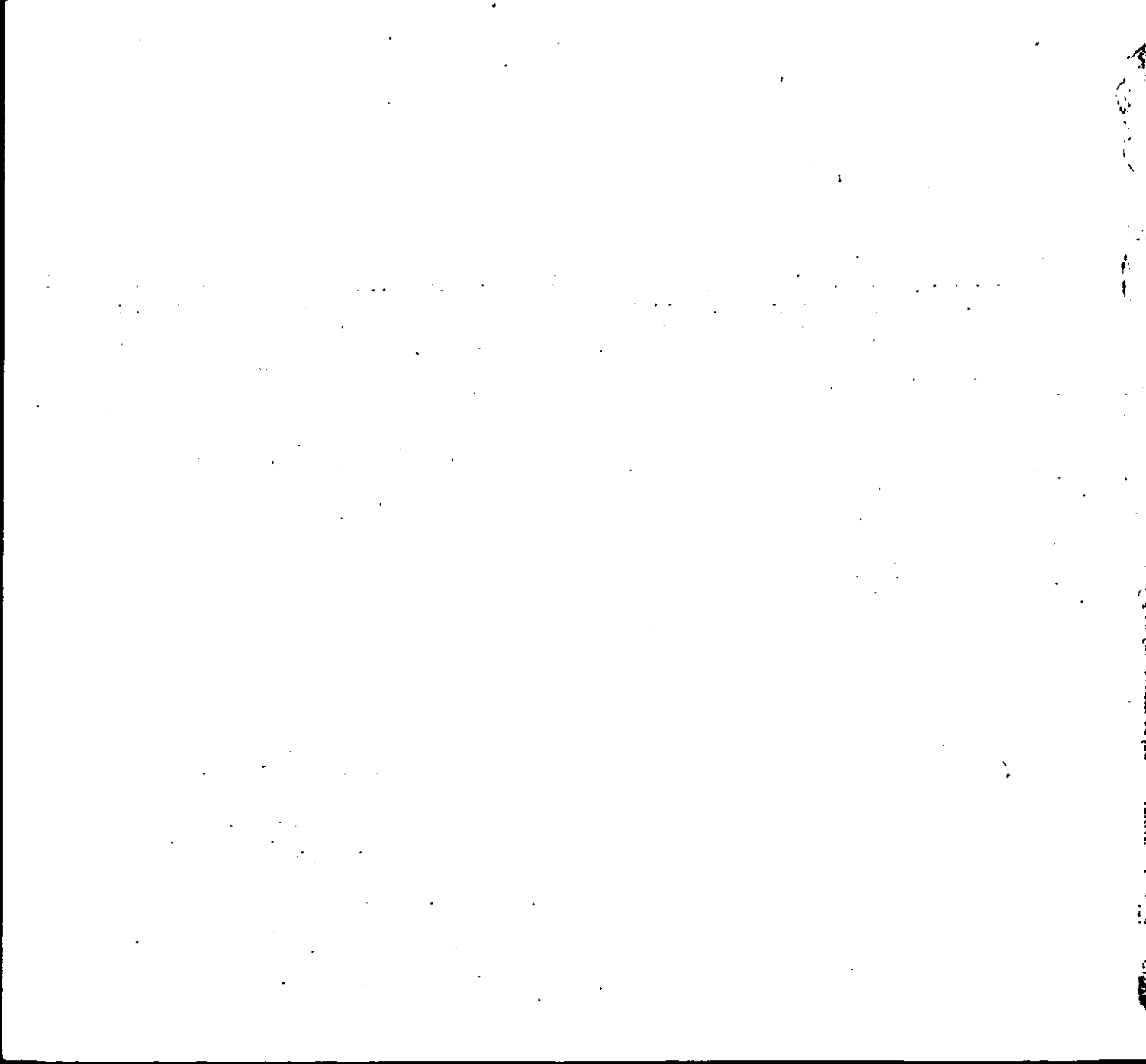
If so, specify no

20. FILED 10/31, 1937 J. M. Perry
Registrar.

(Signed) J. M. Perry, M. D.

(Address) Princeton, Mo

N.B.—Every item of information should be carefully supplied. Age should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38231

Do not use this space.

1. PLACE OF DEATH

(a) County Mercer Registration District No. 536
(b) Township _____ Primary Registration District No. 4328 Registered No. 63
(c) City Princeton (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
William Elwood Mass
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19____

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

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 70 20

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

Date of onset

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

Other contributory causes of importance:

13. NAME

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

Name of operation _____ Date of _____

15. MAIDEN NAME

What test confirmed diagnosis? _____ Was there an autopsy? _____

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

17. INFORMANT (ADDRESS)

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____ Nature of injury _____

PLACE _____ DATE _____, 19____

19. FUNERAL DIRECTOR (ADDRESS)

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

20. FILED 10/21 1937 J. M. Perry Local Registrar.
116-1087

If so, specify _____ (Signed) P. J. Laws, M. D.

(Address) Princeton

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

