

**COMMONWEALTH OF NEW JERSEY**

STATE BOARD OF HEALTH

**Bureau of Vital Statistics**

ATLANTIC CITY, NEW JERSEY

NO. **81772**

I, **Edgar Firth**, State Registrar of Vital Statistics, do hereby certify the following to be a true and correct copy of the CERTIFICATE OF DEATH of **Carl Masters**

**PLACE OF DEATH**

County of **New Jersey** on file in **THE BUREAU OF VITAL STATISTICS.**

Voting Precinct No. **12** Registration District No. **34** File No. **2876877-B**

Incorporated Town \_\_\_\_\_ Primary Registration District No. **1266** Registered No. **81772**

City **Atlantic City** (No. **St. Mary's Hospital** St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)

(If death occurs away from USUAL RESIDENCE give facts called for under "Special Information.")

FULL NAME **Carl Graham Masters**

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. Single Married Widowed or Divorced <b>Married</b>	16. DATE OF DEATH <b>February 14 1925</b> (Month) (Day) (Year)	
6. DATE OF BIRTH <b>February 8 1900</b> (Month) (Day) (Year)			17. I HEREBY CERTIFY That I attended deceased from <b>02/16 1925</b> to <b>02/17 1925</b> that I last saw him alive on <b>February 10 1925</b> and that death occurred on the date stated above at <b>2:43 am</b>	
7. AGE <b>25 yrs. 0 mos. 6 ds.</b>			m. THE CAUSE OF DEATH was as follows: <b>Asphyxiation caused by drowning with pulmonary complications due to sea water in the lungs</b> (Duration) yrs. mos. <b>1</b> ds.	
8. OCCUPATION (a) Trade, profession or particular kind of work <b>Physician</b> (b) General nature of industry, business or establishment in which employed (or employer) <b>Medicine</b>			Contributory <b>Ligature marks on the neck</b> (Secondary) <b>Exhaustion</b> (Duration) yrs. mos. <b>1</b> ds.	
9. BIRTHPLACE (State or country) <b>Boston</b>			(Signed) <b>Edward Moore</b> , M. D. <b>Feb 17 1925</b> (Address) <b>Atlantic City</b>	
<b>PARENTS</b>	10. NAME OF FATHER <b>George Everett Masters</b>		*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11. BIRTHPLACE OF FATHER (State or country) <b>Penna.</b>		18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs. mos. ds. In the State yrs. mos. ds.	
	12. MAIDEN NAME OF MOTHER <b>Edith Masters</b>		Where was disease contracted If not at place of death? Former or usual residence <b>Boaton, Massachusetts</b>	
13. BIRTHPLACE OF MOTHER (State or country) <b>Missouri</b>		19. PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____		
14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) _____ (Address) _____ Filed <b>02/20 1925</b> <b>Yegor Gaidar</b> Registrar.			20. UNDERTAKER _____ ADDRESS _____	

IN TESTIMONY WHEREOF, I have hereunto subscribed my name and caused the official seal to be affixed at **Atlantic City** this **17th** day of **February** in the year of our Lord one thousand nine hundred and **twenty-five.**

State Registrar.