

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

Do not use this space.

29727

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 124
Township Byrd Primary Registration District No. 5179
City (No.) St. Ward)

File No.
Registered No. 50

2. FULL NAME

Flora Ethel Mason

(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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 22 - 1889

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|-----------|----------|----------------------------------|
| | <u>37</u> | <u>11</u> | <u>9</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Jackson, Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER W. E. Morrow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary William

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Chas. H. Mason
(Address) Jackson, Mo.

15. FILED 11-1-27 D. G. Serber REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 31 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 30, 1927, to Oct 31, 1927 that I last saw her alive on Oct 31, 1927, and that death occurred, on the date stated above, at 530 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
9.35 900 (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: at place of death

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ordinary Physical Exam
(Signed) E. K. Stattel, M. D.

(Address) Jackson Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Russell Heights Cem. DATE OF BURIAL 11/1 1927

20. UNDERTAKER J. W. McCombs Jr. ADDRESS Jackson Mo.

1. 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.

23 1927

