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

Do not use this space.

8958

File No. .....
Registered No. 1130

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 7012 Paseo St. ..... Ward)
Registration District No.: 399
Primary Registration District No.: 1002

2. FULL NAME: Mary Ann Mason
(a) Residence. No. 7012 Paseo St., 15 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred: 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John R. Mason

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 30, 1866

7. AGE: Years 61 | Months 3 | Days 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): Fort Scott
(STATE OR COUNTRY): Kansas

PARENTS
10. NAME OF FATHER: Mr Burch
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY):

14. INFORMANT: Mrs H. C. Garnett
(Address): 7012 Paseo

15. FILED 3/13, 1928 M. M. Crane, Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-10, 1928, to 3-13, 1928, that I last saw her alive on 3-12, 1928, and that death occurred, on the date stated above, at 2 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY): 10/W (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
3/13, 1928 (Address) 88 & Paseo.

*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: Forest Hill
DATE OF BURIAL: 3-14 1928

20. UNDERTAKER: D. N. Newcomer's
ADDRESS: Kansas City 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.

Pasco.
Jan 1879 -
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