JUN 1 1928

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

Do not use this space.

13813

1. PLACE OF DEATH
County Johnson
Township Warrensburg.
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 5588

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

2. FULL NAME Leo 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April.23,1928.

7. AGE: Years 0 | Months 0 | Days 7 | If less than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Johnson Co.
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Chas. Mason.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Johnson Co.
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Elta Adams.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co.
(STATE OR COUNTRY) Mo.

14. INFORMANT Chas Mason.
(Address) Warrensburg. Mo.

15. FILED May 3, 1928 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) APRIL. 30 1928

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to April 30, 1928, that I last saw h. alive on April 30, 1928, and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital malformation of heart
(duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) 15.C 1548
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) E. Bize, M. D
, 19 (Address) Kelton, 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: Adams Memorial Cemetery
DATE OF BURIAL: May.1 1928

20. UNDERTAKER: R.Q.Phillips.
ADDRESS: Warrensburg. 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.