

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

Do not use this space.

16587

1. PLACE OF DEATH

County Copper Registration District No. 217  
Township Blackwater Primary Registration District No. 5297  
City Blackwater (Name) St. Blackwater (Ward)

File No. 1  
Registered No. 16587

2. FULL NAME

Mason Frances Hiram

(a) Residence No. 1 St. Blackwater Ward. Blackwater  
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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) May 4<sup>th</sup> 1928

7. AGE YEARS MONTHS DAYS 17 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) (STATE OR COUNTRY) Blackwater Mo

10. NAME OF FATHER Smith Hiram

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

12. MAIDEN NAME OF MOTHER Lillian Hiram

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

14. INFORMANT (Address) Mrs Hiram Hiram Blackwater Mo

15. FILED 5-22-28 W. J. Hony REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-21 1928

17. I HEREBY CERTIFY That I attended deceased from 3-4 1928, to 5-17 1928 that I last saw him alive on 5-7 1928, and that death occurred, on the date stated above, at 7:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Intestinal Obstruction  
122 hr

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) W. J. Hony M. D.  
, 19 (Address) Blackwater Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Permisulacur DATE OF BURIAL 5-22 1928

20. UNDERTAKER H. J. Day ADDRESS Blackwater Mo

R. 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.

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