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

Do not use this space.

File No. 16645

Registered No. 3

1. PLACE OF DEATH
County Dekalb
Township [redacted]on
City Amity (No. ..... St. ..... Ward)

Registration District No. 2-87
Primary Registration District No. 41876

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 2nd 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	11	16	

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

9. BIRTHPLACE (CITY OR TOWN) Yorkshire
(STATE OR COUNTRY) England

PARENTS

10. NAME OF FATHER John Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Do not know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tom Mason

14. INFORMANT Tom Mason
(Address) Amity. Mo.

15. FILED 5-18 1928 W J Arnold REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16th 1928

17. I HEREBY CERTIFY, That I attended deceased from January 1st 1926, to May 16th 1928, that I last saw h.[illegible] alive on May 16th 1928, and that death occurred, on the date stated above, at 7-10 a. m.

92A THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral hemorrhage
X40C
90 C
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Valvular heart trouble
Many Years (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED At home
IF NOT AT PLACE OF DEATH? .....

O DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) John A. Brown, M. D
5-16, 1928 (Address) Maysville 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 Amity Cemetery — DATE OF BURIAL 5-18 1928

20. UNDERTAKER U. G. Pilcher — ADDRESS Maysville. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.