

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

Do not use this space.

10220

PLACE OF DEATH

County Lacleade
Township Common
City Owensville (No.)

Registration District No. 305
Primary Registration District No. 4184

File No.
Registered No. 10 St. Ward)

2. FULL NAME Laertha Mason
(a) Residence No. Guertia St. Ward.
(Usual place of abode)
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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 15 1929

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

17. I HEREBY CERTIFY, That I attended deceased from March 12 1929 to March 15 1929 that I last saw her alive on March 6 1929, and that death occurred, on the date stated above, at 6.15 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-20-1852

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>11</u>	<u>25</u>		

Influenza

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

121
11.13 (duration) yrs. mos. 5 da.

CONTRIBUTORY (SECONDARY) Chronic Interstitial Nephritis (duration) 7 yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Rose Bud (STATE OR COUNTRY) Mo

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

10. NAME OF FATHER Estes

DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?

11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph W Mills, M. D.
3-16 1929 (Address) Owensville Mo

12. MAIDEN NAME OF MOTHER not known

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known (STATE OR COUNTRY)

14. INFORMANT Dave West (Address) Owensville Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodsdale (Owensville, Mo) DATE OF BURIAL 3-17-1929

15. FILED 3-19 1929 J. J. Ferrell, REGISTRAR

20. UNDERTAKER W.P. Gottenstroeter ADDRESS Owensville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in plain terms. Every item of information should be carefully supplied. AGE amount of SEX and RACE. PHYSICIAN'S SIGNATURE. N. E. - Every item of information should be carefully supplied. AGE amount of SEX and RACE. PHYSICIAN'S SIGNATURE.

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