

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

Do not use this space.

10401

**PLACE OF DEATH**  
 County Henry Registration District No. 347  
 Township \_\_\_\_\_ Primary Registration District No. 3018  
 City Clinton (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME** Theodor Thomas Mason  
 (a) Residence. No. 820 E. Jefferson 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**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** M **4. COLOR OR RACE** W **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF (OR) WIFE OF Kathryn Smith Mason

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) Feb. 12, 1892

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>1</u>	<u>11</u>		

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

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) March 23 1929

**17. I HEREBY CERTIFY** That I attended deceased from Miss \_\_\_\_\_, 1928, to La. March 23, 1929 that I last saw him alive on Feb. 23, 1929, and that death occurred, on the date stated above, at 1:00 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Pulmonary Tuberculosis

**9. BIRTHPLACE** (CITY OR TOWN) Near Greenridge (STATE OR COUNTRY) Mo

**10. NAME OF FATHER** Thomas Mason

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Near Greenridge (STATE OR COUNTRY) Mo

**12. MAIDEN NAME OF MOTHER** Mary Woods

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Beckville (STATE OR COUNTRY) Ill.

**18. WHERE WAS DISEASE CONTRACTED** In County (IF NOT AT PLACE OF DEATH) \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** No DATE OF \_\_\_\_\_

**20. WAS THERE AN AUTOPSY?** No

**WHAT TEST CONFIRMED DIAGNOSIS?** examined by Spert  
 (Signed) J. R. Huxton M. D.  
 (Address) Clinton Mo

**14. INFORMANT** Mrs Kathryn Mason (Address) Clinton Mo

**15. FILED** Mar. 25 - 29 Dr. E. C. Peel REGISTRAR  
Hampton

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\*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** Clinton Mo **DATE OF BURIAL** Mar 25 1929

**20. UNDERTAKER** Spocott & Son **ADDRESS** Clinton

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.

97

2

