WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

85

18673

File No.

Registered No. 701

1. PLACE OF DEATH

County: Buchanan — Registration District No.

Township — Primary Registration District No. 1001

City: St. Joseph. (No. Missouri Methodist Hosp. St. Ward)

2. FULL NAME Alexander Mason

(a) Residence. No. 6633 King Hill Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? 64 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: Sarah Elizabeth Mason

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July, 17, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	68	10	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Asst. Fire Chief.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: St. Joseph Fire Dept.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bosel, Switzerland

PARENTS

10. NAME OF FATHER: Alexander Mason

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Bosel, Switzerland

12. MAIDEN NAME OF MOTHER: Frances Hubert

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Bosel, Switzerland

14. INFORMANT: Mrs. Sarah E. Mason
(Address): 6633 King Hill Ave.

15. FILED JUN 18 1930 — John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June, 15, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1, 1930, to June 15, 1930, that I last saw him alive on June 11, 1930, and that death occurred, on the date stated above, at 11.30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Recurrent carcinoma of stomach.

(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Same

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? yes DATE OF June 10-30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic Examination

(Signed) H. K. Wallace, M. D.
June 18, 1930 (Address) 3014 S. St Joseph 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: Ashland Cemetery — DATE OF BURIAL: June, 20, 1930

20. UNDERTAKER: Walter Meinhoffer — ADDRESS: 1302 Faraon St.