

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Butler
Township
City Poplar Bluff (No.)

Registration District No. 89
Primary Registration District No. 3007

File No. 29244
Registered No. 167
St. Ward)

2. FULL NAME

Sintus E. Mason
(a) Residence. No. 517 Cynthia 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 M- 4. COLOR OR RACE W- 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 23, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
59 3 21

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

9. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY) Mex.

10. NAME OF FATHER Wm Mason

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

12. MAIDEN NAME OF MOTHER Minta

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

14. INFORMANT Hugo Mason
(Address) Poplar Bluff

15. FILED 9/15-30 Dr B J Claus
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3
16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-14 1930
17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19....., and that I last saw him alive on 19....., and that death occurred, on the date stated above, at 8:30 12:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound from .45 automatic shot entered at 6th rib on left side about lower border of left lung, penetrating into and caused accidental laceration of left lung, setting out of his ear at his home

Internal perforation of lung shot wound self inflicted - accidental
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? 1880 DATE OF 1884
WAS THERE AN AUTOPSY? 1035

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) George Green Colonel M. D.
Sept 14, 1930 (Address) Poplar Bluff 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 St. Louis Mo DATE OF BURIAL 9-16 1930

20. UNDERTAKER Frank Wood-Co ADDRESS Poplar Bluff

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.

