

OCT 29 1930

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

Do not use this space.

30297

1. PLACE OF DEATH

County Jefferson
Township W. Va.
City Udote (No. St. Ward)

Registration District No. 420
Primary Registration District No. 3027

File No.
Registered No. 98-98

2. FULL NAME Mildred 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 F. 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 - 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
10 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Mineral Point, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Harry Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mineral Point, Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Worthy Adams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) W. Va. City Mo.
(STATE OR COUNTRY)

14. INFORMANT Harry Mason
(Address) Udote Mo

15. FILED 9/3 30 D.L. Pauggly REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 1930 to Sept 3 1930 that I last saw him alive on Sept 1 1930 and that death occurred, on the date stated above at 2-9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera infantum

119A
CONTRIBUTORY (SECONDARY) 1130 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Walter Gibson M. D.

Sept 3, 1930 (Address) Udote 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 Mineral Point Cemetery DATE OF BURIAL Sept 3 1930

20. UNDERTAKER Richardson Motherhead ADDRESS Udote Mo.

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.

Oct 21

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