

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

Do not use this space.

39582

1. PLACE OF DEATH

County Jackson
Township Law
City W. C. Mo. (No. N 2 P Jay)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 5155
St. _____ Ward _____

2. FULL NAME

Chan, H. Mason
(a) Residence. No. 42 P Jay St. 16 Ward.

(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 11/1929</u>				
7. AGE	YEARS <u>4</u>	MONTHS <u>8</u>	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla

10. NAME OF FATHER Eddie G. Mason

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

12. MAIDEN NAME OF MOTHER Anna Mayfield

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

14. INFORMANT Eddie G. Mason
(Address) 17 1/2 P Jay St

15. FILED 12 30 19 30 M. M. Crowl
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29 19 30

17. I HEREBY CERTIFY, That I attended deceased from one call only to 12-22, 1930 that I last saw her alive on 12-27, 1930 and that death occurred, on the date stated above, at 12:30 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Robor Pneumonia
IIA
108

(duration) _____ yrs. _____ mos. 3 ds.

CONTRIBUTORY (SECONDARY) Jay
(duration) _____ yrs. _____ mos. 9 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at place of death

0 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS none
(Signed) R. H. Stauder M. D.
Address 1738 1/2 road

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 West Lawn Cem DATE OF BURIAL 12-28 19 30

20. UNDERTAKER W. H. Moore ADDRESS 1820 E 18

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

