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

Do not use this space.

451

FEB 18 1931

1. PLACE OF DEATH
County ~~Scott~~ Cape Registration District No. 125 File No.
Township ~~Cape Girardeau~~ Primary Registration District No. 3009 Registered No. 584
City ~~Illmo~~ (No. , St. Mo Hospital St. Ward)

2. FULL NAME Frank H. Mason
(a) Residence. No. St., Ward. Illmo Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Alice Mason

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 15, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
65	2	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: R.R. Employee
(b) General nature of industry, business, or establishment in which employed (or employer): Call Train crews
(c) Name of employer: Cotton Belt R.R.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dublin Ireland

PARENTS
10. NAME OF FATHER: Patrick Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland
12. MAIDEN NAME OF MOTHER: —
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT: Mrs Frank H. Mason
(Address) Illmo Mo.

15. FILED 1/13, 1931 C. C. Kaempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1 - 11 1931

17. I HEREBY CERTIFY, That I attended deceased from 1-10, 1931, to 1-11, 1931, that I last saw him alive on 1-10, 1931, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Purulent Pericarditis

40 B

70

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) H. Wachley, M. D.
, 19 (Address) 709 Bdwy Cape Girardeau 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: Lightner Cem Illmo Mo
DATE OF BURIAL: 1/14/1931

20. UNDERTAKER: Bispling W. J. Hubbard
ADDRESS: Illmo, 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.