

APR 20 1931

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

Do not use this space.

8639

1. PLACE OF DEATH

County Adair
Township Benton
City Kirkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No. 1
Registered No. 41
St. Ward)

2. FULL NAME

Mrs Anna 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)

Widow

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

Henry F. Mason

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

Aug. 2nd 1870

7. AGE

60

7

11

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife 23rd

(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)

Hancock Co. Ill

10. NAME OF FATHER

John Palmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

N. Y.

12. MAIDEN NAME OF MOTHER

Margaret Fortney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ill

14.

INFORMANT (Address)

Miss Alta Mason
Kirkville, Mo.

15.

FILED

9/23 1931 Mrs. C. H. Becker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

3/13th

1931

17.

I HEREBY CERTIFY, That I attended deceased from Mar. 9th, 1931, to Mar. 13th, 1931, that I last saw h. alive on Mar. 13th, 1931, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia

11B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Cancer of Bladder

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

C. W. Koehler M.D.

3/14 1931

(Address) Kirkville 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

Sabbath Home

DATE OF BURIAL

3/15th 1931

20. UNDERTAKER

F. R. Easley

ADDRESS

Boakhor.

770,

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.

