

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

Do not use this space.

15608

**1. PLACE OF DEATH**

91 County Richmond Mo Registration District No. 1170 File No. \_\_\_\_\_  
 Township Richmond Hts Primary Registration District No. 6248.18 Registered No. 107  
 City St Marys Hospital (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**92. FULL NAME**

Jean Shirley Mason  
 (a) Residence No. 7010 Corbitt St. Ward. University City, Mo  
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 18 - 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 11 28

**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)**

Trenton Mo 1  
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER K. E. Mason

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

12. MAIDEN NAME OF MOTHER Wilma Garrick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Joseph Mo  
 (STATE OR COUNTRY)

**14.**

INFORMANT Wilma Mason  
 (Address) 7010 Corbitt - U. City

**15.**

FILED 4/18 1931 L. R. Jeeesen  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 16 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1931, to Apr 16, 1931, that I last saw her alive on Apr 16, 1931, and that death occurred, on the date stated above, at 8 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Rheumatic Endocarditis Acute

56A

(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)**

56

(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? No

WHAT TEST CONFIRMED DIAGNOSIS Phys Exam

(Signed) R. Russell  
4/17, 1931 (Address) 415 Beaumont Bldg

\*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**

**DATE OF BURIAL**

Valhalla Cem 4/18 1931

**20. UNDERTAKER**

**ADDRESS**

Alexander and Sons 6195 Delmar

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.

MAY 27 1931

Dr. 1888 1/2  
3920 1/2