

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

Do not use this space.

3501

1. PLACE OF DEATH

County Vernon
 Township Center
 City Nevada, Mo. (No.)

Registration District No. 875
 Primary Registration District No. 3039

File No.
 Registered No. 16 (Ward)

2. FULL NAME

Charles W. Mason

(a) Residence, No. 1230 West Hunter St., First Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 17 1843</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>4</u>	DAYS <u>30</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leicester Va.</u>		
13. NAME <u>Martin B. Mason</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pa.</u>		
15. MAIDEN NAME <u>Mary A. Gosson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Winkelman Virginia</u>		
17. INFORMANT <u>F. L. Mason</u> (ADDRESS) <u>Kansas City Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chick Cemetery</u> DATE <u>July 17 1932</u>		
19. UNDERTAKER <u>Allen U. Keys</u> (ADDRESS) <u>Nevada Mo.</u>		
20. FILED <u>2-1-</u> 19 <u>32</u> <u>E. P. King</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16th 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 4th 1932, to Jan 16th 1932
 I last saw him alive on Jan 10th 1932. Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Cardio-Sclerosis - Unknown Date of onset Unknown
4-1
 Other contributory causes of importance: Lack of Elimination
 Name of operation none Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) E. H. Liston M. D.
 (Address) Nevada, Mo.

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Sherman
Township Nebraska
City Nebraska (No., St., Ward)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 16

2. FULL NAME Charles H. 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 <u>M</u>		4. COLOR OR RACE <u>W</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wed.</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)					
7. AGE YEARS		MONTHS		DAYS	
				If LESS than 1 day,hrs. ormin.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.				
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
MOTHER	13. NAME				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
	15. MAIDEN NAME				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)					
17. INFORMANT (ADDRESS)					
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19					
19. UNDERTAKER (ADDRESS)					
20. FILED 19					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1932

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Coronary Sclerosis (Date of onset)
Don't Know
Other contributory causes of importance:
Lack of elimination

Name of operation Date of
What test confirmed diagnosis Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

SUPPLEMENTARY

WRITE PLAINLY, WITH UNFADING INK. THIS IS PERMANENT RECORD.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

N. B.—Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be properly classified. Explain in plain terms.

4-3501