

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

Do not use this space.

14909

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township St. Louis Primary Registration District No. 1000  
 City St. Louis No. 923 Leonard St. ..... Ward)

File No. ....  
 Registered No. 4357  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 923 N Leonard St., 21 Ward.

(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>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Caroline Mason</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 12-1882</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>4</u>
	DAYS <u>17</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>950</u>	
	10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation ..... <u>118</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas Roberts Co</u>		
FATHER	13. NAME <u>Henry Mason</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u>	
MOTHER	15. MAIDEN NAME <u>Matilda Robinson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Caroline Mason</u> (ADDRESS) <u>923 N Leonard Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>5-4-</u> 19 <u>32</u>		
19. UNDERTAKER <u>C. Russell and Co</u> (ADDRESS) <u>2732 Olive</u>		
20. FILED <u>MAY - 1 1932</u> <u>May C. Stanley</u> Registrar		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27 1932

22. I HEREBY CERTIFY, That I attended deceased from 2/27 1932 to 4/27 1932  
 I last saw him alive on 4/27 1932 Death is said to have occurred on the date stated above, at 8.10 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Agitation  
Intermittent Bright's disease with anemizing manifestations following suppurative tubercle with metastatic abscesses.  
 Other contributory causes of importance:  
lesions vascular in sufficient (hypertension etc.)

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Phys. findings Was there an autopsy? ①

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 Probable could be proven  
 (Signed) J. J. Breckelme M. D.  
 (Address) 20384 Market St

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.

