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.

AUG 25 1932

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

Do not use this space.

23468

1. PLACE OF DEATH

6 8 County Montcalm — Registration District No. 575

4 Township — Primary Registration District No. 4339

3 City Lipton (No. ..., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Mason Stinson

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10 1870

7. AGE: YEARS 62 | MONTHS 2 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Butcher

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 157

10. Date deceased last worked at this occupation (month and year) 2-12-1932

11. Total time (years) spent in this occupation 18 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Nelson Stinson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

17. INFORMANT (ADDRESS) Dallie Stinson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lipton Mo DATE July 6th 32

19. UNDERTAKER (ADDRESS) Jewell E. Richards Lipton Mo

20. FILED July 5 1932 Mrs. Sarah Frye Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1932, to July 4, 1932

I last saw her alive on June 29, 1932. Death is said to have occurred on the date stated above, at 2 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis — Date of onset

131

131 (1)

Other contributory causes of importance:

8

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? M

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) G. S. Wilson, M. D.

(Address) Fortuna

NOV 9 1949