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.

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

Do not use this space.

29411

399

1. PLACE OF DEATH
County Jackson — Registration District No. 1002 — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. General Hospital #2 St. 2585 Ward)

2. FULL NAME Rosa Mason
(a) Residence, No. 1434 E-3rd St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 7 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 Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Willie Mason
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29-1902
7. AGE Years 30 Months 3 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook 231
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Private Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Paris La.

FATHER
13. NAME Willie Freeze
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown La.

MOTHER
15. MAIDEN NAME Mattie Edwards
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Paris La.

17. INFORMANT (ADDRESS) Mattie Lucas 1434 E 1d St.
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Sept 24 1932
19. UNDERTAKER (ADDRESS) Adkins Bros. 2000 E. 12 St.
20. FILED 9/22 1932 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 - 1932
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw h.... alive on Deputy Coroner, 19.... Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Acute Dilatation of Heart 95B

Other contributory causes of importance: 95B Acute Pericarditis

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) [signature], M. D.
(Address) Deputy Coroner