

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

Do not use this space.

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**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1000**  
City **St Louis** (No. **2716a**) **Clarke**

File No.....  
Registered No. **3106**  
St. .... Ward)

**2. FULL NAME**

**Eliza Mason**  
(a) Residence. No. **2716a Clarke** St., **22** Ward.  
(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred **30** yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Female</b>	4. COLOR OR RACE <b>cal</b>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>James mason</b>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <b>abt. 1867</b>		
7. AGE <b>about 66</b>	YEARS	MONTHS
	DAYS	IF LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **House wife**  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) **va**

**10. NAME OF FATHER**

**John Litton**

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) **va**

**12. MAIDEN NAME OF MOTHER**

**Ammie Richman**

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) **va**

**14.**

INFORMANT **Lucinda Walker**  
(Address) **2716a Clarke ave**

**15.**

FILED **3 1933**  
**W. O. Stark**  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 26 1933**

17. I HEREBY CERTIFY, That I attended deceased from **July 20 - 22, 1933**, to **March 26, 1933** that I last saw her alive on **March 24, 1933**, and that death occurred, on the date stated above, at **1 A.M.**

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

**Myocardial Insufficiency**  
**RAA**

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, **at home**

DID AN OPERATION PRECEDE DEATH. **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **clinical**

(Signed) **Vincent J. Muller, M.D.**

**III 27, 1933** (Address) **2375 Franklin**

\*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**

**Father Dickson** DATE OF BURIAL **April 3, 1933**

**20. UNDERTAKER**

**J. W. Hughes** ADDRESS **2620 Lawton**

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.

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