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.

SEP 26 1933

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

Do not use this space.

27604

1. PLACE OF DEATH

96 County St. Louis, Mo. Registration District No. 1123 File No.

Township Carondelet Primary Registration District No. 6248 B Registered No. 262

City Jefferson Barracks, Mo. (No. Veterans Administration Facility. St. Ward)

2. FULL NAME James E. MASON

(a) Residence, No. Illmo, Missouri. 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Darnell (Divorced)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 10, 1895

7. AGE: YEARS 37 | MONTHS 8 | DAYS 28 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Lawyer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Frisco R.R.
10. Date deceased last worked at this occupation (month and year): Abt. Mar. 1930
11. Total time (years) spent in this occupation: Abt. 11 yr.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carbondale, Illinois.

FATHER

13. NAME: Frank H. Mason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dublin, Ireland

MOTHER

15. MAIDEN NAME: Margaret Bush
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carbondale, Illinois.

17. INFORMANT (ADDRESS): C. H. SMITH, M.D., Clinical Director, Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Illmo Mo. DATE Aug 11 1933

19. UNDERTAKER (ADDRESS): Guy Mullen 4259 Lindell Blvd.

20. FILED Aug 8 1933 L. C. Obrock M.D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from September 7, 1931, to August 8, 1933

I last saw him alive on August 8, 1933 Death is said to have occurred on the date stated above, at 2:15 P.m.

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

	Date of onset
Bulbar Palsy	Unk.
82D	
107A	
Other contributory causes of importance:	
Bronchopneumonia.	Unk.

Name of operation - Date of -

What test confirmed diagnosis? Clinical and laboratory Was there an autopsy? No

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) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.