

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

36411

1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City, Mo. (No. 5114 Olive) St. _____ Ward _____

File No. 4391
Registered No. _____

2. FULL NAME Mrs. Nellie A. Mason

(a) Residence, No. 5114 Olive St. _____ Ward _____
(Usual place of abode) (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ernest Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 0 20

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

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Fred Midlam

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

15. MAIDEN NAME Ellen Hoyt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Ernest Mason
(ADDRESS) 5114 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE Lenexa, Ks. DATE Nov. 6-33

19. UNDERTAKER R. V. Lindsey & Sons, Inc.
(ADDRESS) K.C. Mo.

20. FILED 11-40-33 M. M. Berow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15th, 1932, to Aug 6th, 1933

I last saw her alive on Aug 6 3:30^{PM} AM Death is said to have occurred on the date stated above, at _____ m.

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

926 Sept 10 57 P 57 P 97
Chronic Myocarditis
Arthritis Splanchnica
Atherosclerosis
Arterial Hypertension
Date of onset _____

Other contributory causes of importance:
Arthritis Splanchnica
Atherosclerosis
Arterial Hypertension
Name of operation None Date of _____
What test confirmed diagnosis? Chemical 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? No
If so, specify _____ (Signed) Saul R. Lewis, M. D.
(Address) 934 1/2 4th St

Carl Harris

~~argued~~

to