

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

Do not use this space.

**1. PLACE OF DEATH**

County Dent  
Township Texas  
City (No. \_\_\_\_\_) \_\_\_\_\_ (Ward \_\_\_\_\_)

Registration District No. 10357  
Primary Registration District No. 5372

File No. 8426  
Registered No. H

**2. FULL NAME** Mrs. J. C. Mason

(a) Residence, No. \_\_\_\_\_ 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 Washington C. Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day hrs. or min.  
72 1 13

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

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) Dent Co O

13. NAME Edmond H. Brigman

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

15. MAIDEN NAME Mary McNeil

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

17. INFORMANT (ADDRESS) Mr. J. C. Mason Salem O

18. BURIAL, CREMATION, OR REMOVAL PLACE Johnson Cem DATE 3/20/34 19.

19. UNDERTAKER (ADDRESS) Carl K. Spencer Salem O

20. FILED 4/5 1934 J. A. Kisevek Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27/34 1934

22. I HEREBY CERTIFY, That I attended deceased from Mon. 1 1933 to March 10 1934  
I last saw him alive on March 10, 1934. Death is said to have occurred on the date stated above, at 6:00 P. M.

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

Chronic Myocarditis 1929  
93 C  
Senility  
Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1934

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? Yes

If so, specify Atop H. (Heart) M. D.  
(Signed) J. A. Kisevek  
(Address) Salem, Mo.

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.

THIS IS A PERMANENT RECORD

25 1934

