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

Do not use this space.

16100

File No. 48

Registered No.

1. PLACE OF DEATH

County: Clay — Registration District No. 198

Township: ~~Fishing River~~ — Primary Registration District No. 3011

City: Excelsior Springs, Mo. (No. Veterans' Administration Hospital St. 3rd Ward)

2. FULL NAME Frank Mason

(a) Residence, No. Veterans Hospital St., Ward. Knobnoster, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred - 1 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JUN 20 1934

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	colored	married

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Allene Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 5, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	39	5	28	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): unknown

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Lexington, Missouri

FATHER

13. NAME: Letcher Mason

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Charity Rosser

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT: Records Veterans' Hospital
(ADDRESS) Excelsior Springs, Missouri

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Lexington, Mo. DATE: 5-4-34, 19

19. UNDERTAKER: Herbert Hope
(ADDRESS) Excelsior Springs, Mo.

20. FILED 5-4-, 19 34 Mrs Rea McCrosskey
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-3-34, 19

22. I HEREBY CERTIFY, That I attended deceased from 4-2-34, 19, to 5-3-34, 19

I last saw him alive on 5-3-34, 19. Death is said to have occurred on the date stated above, at 7:55 p.m.

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

	Date of onset
Anemia, Secondary	
718	
1088	

Other contributory causes of importance:

nasal hemorrhage

Name of operation: XX Date of: XX

What test confirmed diagnosis? Exam. & Obs Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? XX Date of injury: XX, 19

Where did injury occur? XX
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
XX

Manner of injury: XX

Nature of injury: XX

24. Was disease or injury in any way related to occupation of deceased?

If so, specify: XX

(Signed) H. V. Hardegree, M. D.
DR. H. V. HARDEGREE

(Address) VAF, Excelsior Springs, Mo.