

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

Do not use this space.

24715

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township K-10 Primary Registration District No. _____
 City Kansas (No. 3354 Baltimore) St. _____ Ward _____

File No. _____
 Registered No. 24715

2. FULL NAME

Ms. Lillie Jane Mason
 (a) Residence, No. 3354 Baltimore 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert William Mason</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-11-1857</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>2</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cat-home</u>	
	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) <u>Lexington Missouri</u>		
MOTHER	13. NAME <u>Andrew Jackson Slusher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>but-raw</u>	
	15. MAIDEN NAME <u>Mary Jane Woods</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wickman</u>	
17. INFORMANT <u>Leonard Riggs</u> (ADDRESS) <u>3354 Baltimore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Langston</u> DATE <u>7/24/34</u>		
19. UNDERTAKER <u>Stacy McCallister</u> (ADDRESS) <u>City</u>		
20. FILED <u>7-23-34</u> <u>M. M. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1934

I HEREBY CERTIFY, That I attended deceased from July 19, 1934 to July 22, 1934
 I last saw h. alive on 7-19-34, 19____ Death is said to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:
Heart stroke
 Date of onset 7-19-34

Other contributory causes of importance:
Diabetes 1928

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) E. H. Slusher, M. D.
 (Address) S. O. B. Radio Bldg.

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.

