

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.

JUL 22 1935

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

Do not use this space.  
*Henny*  
 19448-2  
 File No. \_\_\_\_\_  
 Registered No. 194 \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Greene Registration District No. 318  
 Township \_\_\_\_\_ Primary Registration District No. 2001  
 City Springfield (No. 1652, W. Phelps) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Charles Allen Mason

(a) Residence, No. 1652 W. Phelps St. \_\_\_\_\_ (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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9, 1935</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>0</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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>Springfield Mo</u>		
13. NAME <u>Charles A. Mason</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Phelps</u>		
15. MAIDEN NAME <u>Lilly Mustain</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Phelps</u>		
17. INFORMANT <u>Charles A. Mason</u> (ADDRESS) <u>1652-10 Phelps</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Springfield</u> DATE <u>July 10, 1935</u>		
19. UNDERTAKER <u>Springfield</u> (ADDRESS) <u>Springfield Mo.</u>		
20. FILED <u>6-10-35 R.W. Lantieri</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1935

22. I HEREBY CERTIFY that I attended deceased from 6-8-35 to 6-9-35, 1935.  
 I last saw him alive on 6-8-35, 1935. 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:  
Premature Birth

Date of onset \_\_\_\_\_

Other contributory causes of importance:  
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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?  
 If so, specify \_\_\_\_\_  
 (Signed) Henny, M. D.  
 (Address) 440 1/2 E. Council

