

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

Do not use this space.

SEP 16 1935

27890

1. PLACE OF DEATH

County.....
Township.....
City St Louis (No. 3212 Belle Ave)

Registration District No. **791**
1003

Primary Registration District No.....

File No.....
Registered No. **6944**
St..... Ward.....

2. FULL NAME

(a) Residence, No. 3309 Franklin St. 21 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

MEDICAL CERTIFICATE OF DEATH

SEX <u>Female</u>	4. COLOR OR RACE <u>Caucas</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>John Mason</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 1891</u>		
7. AGE YEARS <u>44</u>	MONTHS <u>4</u>	DAYS <u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation <u>Dec</u>
10. Date deceased last worked at this occupation (month and year)		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12th, 1935

22. I HEREBY CERTIFY That I attended-deceased from 5:00 Aug 9th 1935 to 12:00 Aug 17th 1935. I last saw her alive on 12th Aug 31st 1935. Death is said to have occurred on the date stated above, at 7:00 A.M.

The principal cause of death and related causes of importance were as follows:
Lobar pneumonia Date of onset 8/5/35

Other contributory causes of importance: 108

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

13. NAME Unknown

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

15. MAIDEN NAME Mary Richardson

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

17. INFORMANT (ADDRESS) Mary Rooney 3309 Franklin St.

18. BURIAL OR REMOVAL PLACE Westside Pk DATE Aug 15th 35

19. UNDERTAKER (ADDRESS) Chas. Beiss 4107 Franklin Ave.

20. FILED AUG 15 1935 J. F. Bredeck Registrar.

Name of operation..... Date of.....
What test confirmed diagnosis Physical Exam 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 W. H. Seaton M. D.
(Signed) W. H. Seaton M. D.
(Address) 2740 Franklin

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.

