

DEC 20 1936

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

Do not use this space.

41366

1. PLACE OF DEATH

County Jackson
Township Franklin
City Kansas City

Registration District No. 399
Primary Registration District No. 1082
Lakeside Hospital

File No. _____
Registered No. 50046
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2744 Cypress St. _____ Ward _____

(Usual place of abode)
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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 - 1887

7. AGE YEARS 54 MONTHS 4 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mass

13. NAME Frank L. D. Mason

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

15. MAIDEN NAME Elizabeth Hurlbut

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

17. INFORMANT (ADDRESS) Wife, Mason

18. BURIAL, CREMATION, OR REMOVAL PLACE North Hill DATE 11/26/36

19. UNDERTAKER (ADDRESS) J. F. O'Donnell

20. FILED Nov 19, 1936 m. m. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1936

22. I HEREBY CERTIFY, That I attended deceased from November 10, 1936 to November 17, 1936
I last saw him alive on November 17, 1936. Death is said to have occurred on the date stated above, at 6:05 p.m.
The principal cause of death and related causes of importance were as follows:

myocardial insufficiency - chronic interstitial nephritis with complete cardiac and renal failure.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

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) Charles L. Curry D.D., M. D.
(Address) Lakeside Hospital

WHITE 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.

