MAR 19 1937

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

Do not use this space.

File No. 5936
Registered No. 0163

1. PLACE OF DEATH
County: Greene — Registration District No. 318
Township: — Primary Registration District No. 2001
City: Springfield MO (No. 1831 N. Douglas St. Ward)

2. FULL NAME: Mrs Ida Belle Mason
(a) Residence, No. 1831 No Douglas 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: widow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 17, 1869

7. AGE: YEARS 67 MONTHS 2 DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housewife
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): Lindley Mo

FATHER
13. NAME: A. C. Gayley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jerry

MOTHER
15. MAIDEN NAME: Sarah Shaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington

17. INFORMANT (ADDRESS): Mrs Henry Foltz Monett Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cox Lawn DATE: 2/25 37

19. UNDERTAKER (ADDRESS): Norman Lawyer Springfield Mo

20. FILED: Feb 25 1937 Shaw A George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feby 23rd 1937

22. I HEREBY CERTIFY, That I ~~attended~~ viewed deceased ~~from~~ ....., 19....., to Feby 23rd, 1937.
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Sclerosis	
Other contributory causes of importance: Aortic Sclerosis	

Name of operation..... Date of..... no
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) M. E. Patterson, M. D.
(Address) Springfield, Mo.
Coroner of Greene County, Mo.

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.