

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis, Mo.* (No. *Barnes Hospital*)

File No. 8112

Registered No. 1559

St. Ward

2. FULL NAME *Mattie Mason*(a) Residence, No. *2719 Lucas* St., *21* Ward. (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

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with the word) *married*5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Edward Mason*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 10 - 1890*7. AGE YEARS *46* MONTHS *10* DAYS *22* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *HOUSE WIFE*9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *25*

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) *Miss*13. NAME *Sim Weber*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *17*17. INFORMANT *Edward Mason* (ADDRESS) *2719 Lucas ave.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Father Dickson* DATE *Feb 6 - 1937*19. UNDERTAKER *F. A. Green* (ADDRESS) *2915 Franklin*20. FILED *J. Bredeck* (Address) *BARNES HOSPITAL* Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2 - 2*, 19*37*22. I HEREBY CERTIFY, That I attended deceased from *12 - 21*, 19*36*, to *2 - 2*, 19*37*I last saw her alive on *2 - 2 - 37*, 19..... Death is said to have occurred on the date stated above, at *3:15* p. m.

The principal cause of death and related causes of importance were as follows:

CARCINOMA OF STOMACH Date of onset *1936*
PYLORIC OBSTRUCTION *1936*

Other contributory causes of importance:

*GENERALIZED HEATONIA*Name of operation *GASTRO ENTEROSTOMY* Date of *1-20-37*What test confirmed diagnosis? Was there an autopsy? *YES*

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 *Bradford Cannon* (Signed) *BARNES HOSPITAL*, M. D.(Address) *BARNES HOSPITAL*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

899

