

WHITE PLAIN, 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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH *Sary*  
County *Sary* Registration District No. *30*  
Township *Monett* Primary Registration District No. *30003*  
City *Monett* (No. ) St.  (Ward)   
2. FULL NAME *Levis Alexander Mason*  
(a) Residence, No.  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.

File No. *11035*  
Registered No. *14*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *m* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *widowed*  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF   
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 7 1859*  
7. AGE YEARS *77* MONTHS *7* DAYS *23* If LESS than 1 day, hrs. or min.  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Retired*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Building Contractor*  
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) *Near Edinburgh Scotland*  
13. NAME *Mason*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*  
15. MAIDEN NAME *Alexander*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*  
17. INFORMANT (ADDRESS) *Leslie Mason Monett Mo*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *2007 Cemetery* DATE *March 26 1937*  
19. UNDERTAKER (ADDRESS) *Calladway Monett Mo*  
20. FILED *3-26-1937* *W. M. West* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar 25 1937*  
22. I HEREBY CERTIFY, That I attended deceased from *Mar 10 1937*, to *Mar 25 1937*  
I last saw him alive on *Mar 24 1937* Death is said to have occurred on the date stated above, at *6:00 A.M.*

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

Date of onset *Mar 10 37*

Other contributory causes of importance:  
*Arterio Sclerosis*  
*Chronic interstitial Nephritis*

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 *Ernest Mitchell*, M. D.  
(Signed) *Ernest Mitchell*  
(Address) *Monett Mo.*

