

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.

20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Hickory  
Township Wheatland  
City Wheatland (No. ....)

Registration District No. 339  
Primary Registration District No. 4212-5504

File No. 12054  
Registered No. 0  
St. .... Ward

2. FULL NAME R. Henry 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 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1842  
7. AGE YEARS 94 MONTHS 9 DAYS 10 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ....  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. carpenter  
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation 70

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
13. NAME Richard Mason  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME Mary Crawford  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Wm. Mason (ADDRESS) Wheatland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Robertson Cem. DATE March 23, 1937

19. UNDERTAKER R. E. Cheatham (ADDRESS) .....

20. FILED Mar. 23, 1937 Bliza Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 22, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 10th, 1937 to March 22nd, 1937

I last saw him alive on March 21st, 1937. Death is said to have occurred on the date stated above, at 5<sup>15</sup> A.M.

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

Heart failure following several attacks of hypertensive insufficiency, chronic arteriosclerosis.

Other contributory causes of importance:

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Name of operation no Date of ....  
What test confirmed diagnosis? Blood Pressure Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury .....

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 none  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Dr. Harry B. Jay  
(Address) Wheatland, Mo.

