

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

7 Do not use this

MAY 20 1937

16966

1. PLACE OF DEATH

County Mason
 Township Mason
 City Hannibal

Registration District No. 547
 Primary Registration District No. 3079
 (No. 819 Union St)

File No. _____
 Registered No. 138
 St. 4 Ward)

2. FULL NAME

Charles W. Mason

(a) Residence, No. 819 Union St., 4 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 27

OCCUPATION 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.
 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) Missouri

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Y. R. Davidson
 (ADDRESS) 819 Union St. Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Crem. Cem. DATE 4-20-37

19. UNDERTAKER James O. Howell
 (ADDRESS) Hannibal Mo

20. FILED April 27 1937 H. C. Fisher
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1937, to April 18, 1937
 I last saw him alive on April 18, 1937. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Myocardial degeneration
arteriosclerosis

Other contributory causes of importance: 930

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 _____
 (Signed) R. S. Salver, M. D.
 (Address) Hannibal 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.

