

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 2031 Howard)

Registration District No. 791
Primary Registration District No. 1003

File No. 18774
Registered No. 5350
St. _____ Ward)

2. FULL NAME John Mason

(a) Residence, No. 2031 Howard, St. Louis, Mo. Ward 20
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
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) Nashville (STATE OR COUNTRY) Tenn.

13. NAME L. B. Mason

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

15. MAIDEN NAME Nancy Johnson

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

17. INFORMANT Hazel Mason (ADDRESS) 2031 Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Charles DATE 5/29/37 19.

19. UNDERTAKER Edith E. Ambruster Mrs C. (ADDRESS) 4234 Manchester

20. FILE MAY 28 1937 Registrar J. Predeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 13, 1937 to May 26, 1937. I last saw him alive on May 21, 1937. Death is said to have occurred on the date stated above, at 10:00 P.

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

Pulmonary tuberculosis Date of onset Indefinite

Other contributory causes of importance: Abscess of scapula and of left side chest. 4-1-37

Name of operation abscess opened & drained Date of May 19, 37
What test confirmed diagnosis? Chole 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 No
(Signed) J. C. Creane M.D. M. D.
(Address) 2504 714 St. St. Louis 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.

Dr J Greave

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