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.

AUG 11 1937

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

Do not use this space.

26172

1. PLACE OF DEATH
County Jackson 2 1 Registration District No. 399 File No.
Township Kaw Primary Registration District No. 1002 Registered No. 2335
City Kansas City (No. 3017 Spruce St. Ward)

2. FULL NAME Ida May Mason
(a) Residence, No. 3017 Spruce 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe
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 Frank L Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-28 1879

7. AGE 237 YEARS 58 MONTHS 9 DAYS 6 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Vandalia Mo.

FATHER
13. NAME J. T. N. Hesser
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Sabine Ferguson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Maryland

17. INFORMANT (ADDRESS) Frank L Mason 3017 Spruce

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vandalia Mo DATE July 7 1937

19. UNDERTAKER (ADDRESS) Mrs C. L. Forster 918 Brooklyn

20. FILED July 5, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 13, 1937, to July 4, 1937
I last saw her alive on June 27, 1937. Death is said to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
General Carcinomatosis following uterine carcinoma unsuccessfully treated by Radium	June 1936

48

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? Was home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Was home
Manner of injury Not swallowed lye white
Nature of injury Playing in Kitchen Structure of esophagus

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Arthur A. Hobbs, M. D.
(Address) 3321 E 30th St Kansas City Mo.

30th Indiana

Li. 3054

1 Pm