

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

Do not use this space.

OCT 18 1937

1. PLACE OF DEATH

County Butler
Township _____
City Poplar Bluff (No. _____, _____ St. _____ Ward)

Registration District No. 89
Primary Registration District No. 3007

File No. 33801
Registered No. 235

2. FULL NAME Panze Keaton Mason

(a) Residence, No. _____ St. _____ Ward. _____ (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 22, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
39 1 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school teacher

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) Bloomfield Missouri

13. NAME Wm. C. Keaton

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

15. MAIDEN NAME Armintha Miller

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

17. INFORMANT Wm. C. Keaton (ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Dexter Cem. DATE Sept. 26, 1937

19. UNDERTAKER Blankenship-Strickland (ADDRESS) Dexter, Mo.

20. FILED 9/26 1937 Ol. Cutsinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 24/1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1937 to Sept 24 1937

I last saw him alive on Sept 24, 1937. Death is said to have occurred on the date stated above, at 5:35 a.m.

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

Myo. cardiac (acute)

Other contributory causes of importance:
Following operation carcinoma cervix of uterus

Name of operation Hysterectomy Date of 9/12/37
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? No

If so, specify _____ (Signed) H. L. Brandon, M. D.
(Address) Poplar Bluff, 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.

