

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.

OCT 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 502 File No. 34663
 Township _____ Primary Registration District No. 4305 Registered No. 44
 City Marceline (No. _____) St. _____ Ward _____

2. FULL NAME

George Gaylord 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 20 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 T. Willie Doss Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 3 27

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter & Paper Hanger
 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) to date 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ethel mo

MOTHER FATHER
 13. NAME M. R. Mason

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

15. MAIDEN NAME Jennie Estle

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

17. INFORMANT (ADDRESS) M. R. Mason Marceline mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Claret DATE 9/21 37

19. UNDERTAKER (ADDRESS) Gas M. Laughlin Marceline mo

20. FILED 21 21 1937 Oliver Barrett Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6 a m.
 The principal cause of death and related causes of importance were as follows:

Gun shot wound to head
Self inflicted
 Other contributory causes of importance: 1935
Coroner View

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 unknown Date of injury 9/19, 1937
 Where did injury occur? Marceline mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Gun shot wound to head
 Nature of injury Gun shot

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) John Decker M. D.
 (Address) Coroner of Reynolds Co
Knob Field mo

