

REC'D APR 15 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

10248

Do not use this space.

1. PLACE OF DEATH

(a) County Buehman Registration District No. 86
 (b) Township Washington Primary Registration District No. 5127 Registered No. 16
 (c) City Industrial City, Mo Street No. Industrial City, Mo St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. 5-ds. (f) How long in U. S., if of foreign birth? yrs. moa. ds.

2. PRINT FULL NAME

JAMES BEARD MASON 250
 (a) Residence, No. Industrial City, Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE whk. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1920

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
17 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student Lafayette High School
 9. Industry or business in which work was done, as 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) Industrial City Mo.

FATHER 13. NAME Wesley J. Mason

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

MOTHER 15. MAIDEN NAME Isabel Belle Beard

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

17. INFORMANT (ADDRESS) Isabel Belle Mason Industrial City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Auburn Cem. DATE March 11, 1938

19. FUNERAL DIRECTOR (ADDRESS) St. Joseph, Mo.

20. FILED Mar. 10, 1938 H. Tadlock, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1938

22. I HEREBY CERTIFY, That I attended deceased from March 6th, 1938, to March 9th, 1938

I last saw him alive on March 8th, 1938. Death is said to have occurred on the date stated above, at 10:20 A.M.

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

Attack of acute indigestion

Date of onset

March 5, 1938

Other contributory causes of importance:

Attacks of indigestion over period of 3 weeks

Feb 16, 1938

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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? no

If so, specify _____

(Signed) Arthur H. Kelley, M. D.

(Address) St. Joseph, Mo.

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STATEMENT BY LICENSED EMBALMER

I, John Roy Stoney, Licensed Embalmer No. 243
hereby certify that the body recorded on the reverse side of this certificate was embalmed by John Roy Stoney
L. E.
No. 2435 or by John H. Healey, Registered Apprentice No. 96
working under my personal supervision.
Signed John Roy Stoney
Licensed Embalmer No. 2435

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

10248
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 86
(b) Township Washington Primary Registration District No. 5127 Registered No. _____
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

James Beard Mason
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
17 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1938

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 _____ m.

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

attack of acute indigestion due to acute gastroenteritis Feb 8 1938
Date of onset
Other contributory causes of importance: attacks of indigestion over a period of three weeks

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) Anthony H. Kelley, M. D.

(Address) St Joseph

