

1938

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

14404
Do not use this space.

1. PLACE OF DEATH
 (a) County Leasle Registration District No. 213
 (b) Township _____ Primary Registration District No. 3014 Registered No. 119
 (c) City Jefferson City (d) Street No. Robertson St. at Durning Coal 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 NORMAN MASON. 250
 (a) Residence, No. 1002 West Main 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1907
 7. AGE YEARS 30 MONTHS 7 DAYS 17 IF LESS THAN 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Servant
 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) Shulton, Mo.
Callaway Co.
 13. NAME Joe F. Mason
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co.
 15. MAIDEN NAME Hattie Russell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co.
 17. INFORMANT (ADDRESS) Booker Mason
 18. BURIAL, CREMATION OR REMOVAL PLACE Providence Cem. Boone Co DATE 4/12 1938
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. O. Hardiman
Jefferson City - Mo.
 20. FILED 4/12/1938 Dr. Wm. J. ... Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 10. 1938
 22. HEREBY CERTIFY, That I attended deceased from Coroner's Cash, 19....., 19.....
 I last saw him 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:
Suicide, by inhaling the fumes from the exhaust pipe of an automobile. Date of onset 1/64
 Other contributory causes of importance: none
 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? suicide Date of injury _____, 19.....
 Where did injury occur? Jeff. City, Boone Co. (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place: Public place
 Manner of injury suicide
 Nature of injury Inhaling fumes from exhaust on car
 24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Thos. J. ... M. D. (Address) Callaway Co., 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P.O. Address.....

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.)

If this body is not embalmed, above space should be left blank.