REC'D MAY 10 1939

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

13817
Do not use this space.

1. PLACE OF DEATH
(a) County Jackson — Registration District No. 399
(b) Township Kaw — Primary Registration District No. 1002 — Registered No. 1571
(c) City Kansas City (d) Street No. 1427 Spruce 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 Elijah Mason
(a) Residence, No. 1427 Spruce St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. | 4. COLOR OR RACE Col. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1869

7. AGE Years 69 | Months 10 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Employee
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) Miss.

FATHER
13. NAME Albert Mason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Nancy —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Hattie Mason (ADDRESS) 1427 Spruce

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 4/14 1939

19. FUNERAL DIRECTOR (NAME) Hatkins Bros (ADDRESS) 1729 Lydia

20. FILED 4-14 1939 M. M. Crowe, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-10 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 2 1939, to Apr 10 1939
I last saw him alive on Apr 10 1939. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 4-1-39
108

Other contributory causes of importance: Chronic Myocarditis

Name of operation None Date of
What test confirmed diagnosis? Clinical 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) W R Forster, M. D.
(Address) 1529 Lister Ave

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X14023

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, T. B. Watkins, or by _____,

Registered Apprentice No. _____, working under my personal supervision.

Signed T. B. Watkins

Licensed Embalmer No. 2889

P. O. Address 1729 Lydia

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.