REC'D JUN 21 1939

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

Do not use this space.

File No. 18804

Registered No. 34

Registration District No. 391

Primary Registration District No. 423a

1. PLACE OF DEATH
County: Iron
Township: Arcadia
City: Ironton (No. ..., ... St. ..... Ward)

2. FULL NAME: Lewis Atkinson 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Agnes M. Mason

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 3, 1866

7. AGE: Years 72 | Months 9 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired mail clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Railway
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): Manchester Mo

FATHER
13. NAME: Thomas H. Mason
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Julia Andrews
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Manchester Mo

17. INFORMANT (ADDRESS): Agnes M Mason Ironton Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE: Valhalla Cem. DATE: 6-8-1939, 19

19. UNDERTAKER (ADDRESS): Norman White & Sons Ironton Mo

20. FILED June 6, 1939 R. A. Rauch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3, 1939 to June 6, 1939
I last saw him alive on June 5, 1939. Death is said to have occurred on the date stated above, at 5:30 m. A. M
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Arteriosclerosis	1938

Other contributory causes of importance: G1

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? No
If so, specify .....
(Signed) G. O. Anson, M. D.
(Address) Ironton, 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.

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