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

Do not use this space.

4587

1. PLACE OF DEATH
County Jackson
Township Kaw
City K C Mo
Registration District No. 308
Primary Registration District No. 108
(No. Evangelical Hospital St. Ward)
File No.
Registered No. 507

2. FULL NAME Cyrus J Mason
(a) Residence. No. 7420 East 15th St., 12 Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 25 1866

7. AGE: 65 YEARS | MONTHS: 4 | DAYS: 7 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Interior decorator
(b) General nature of industry, business, or establishment in which employed (or employer): 223
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ill
(STATE OR COUNTRY) 2

PARENTS
10. NAME OF FATHER John Mason
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Emma Whittaker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill

14. INFORMANT Dr Lyman W. Mason
(Address) Denver, Colo

15. FILED 2/3, 1932 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr 2 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1932, to Febr 2, 1932 that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at 3:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
93C
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? K C Mo
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W E Cramer, M. D
2/3, 1932 (Address) 407 Argyle Bldg Kansas City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Clinton Mo
DATE OF BURIAL: 2/3 1932

20. UNDERTAKER: D.W. Newcomer's Sons
ADDRESS: K C 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.

...IS A PERMANENT RECORD