

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

Do not use this space.

39634

1. PLACE OF DEATH

33 County Dent Registration District No. 266
Township Osage Primary Registration District No. 370-
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. 79

2. FULL NAME

Freda Janda 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 <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 1928</u>		
7. AGE YEARS <u>5</u>	MONTHS <u>5</u>	DAYS <u>5</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>child</u>	
	9. Industry or business in which work was done, as silk mill, 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) <u>Osage Twp, Dent, Mo</u>		
FATHER	13. NAME <u>Eldred W. Mason</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dent Co., Mo</u>	
MOTHER	15. MAIDEN NAME <u>Zona Elizabeth Sellers</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dent Co., Mo</u>	
17. INFORMANT <u>Firman Sellers</u> (ADDRESS) <u>Ross Co</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ross Cem</u> DATE <u>12/29/33, 19</u>		
19. UNDERTAKER <u>Carl K Spencer</u> (ADDRESS) <u>Salem, Mo</u>		
20. FILED <u>12/27 1933</u> <u>B. E. Rusk</u> , Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/33 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 25th, 1933, to Dec. 27th, 1933
I last saw h. alive on Dec. 25th, 1933. Death is said to have occurred on the date stated above, at 11:00 P M.
The principal cause of death and related causes of importance were as follows:
Diabetes Mellitus
Date of onset 1 yr. ago

Other contributory causes of importance: 54

Name of operation none Date of _____
What test confirmed diagnosis? usual 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? _____
If so, specify _____
(Signed) W. E. Ruppel, M. D.
(Address) Salem, Mo.

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.

JAN 28 1934

