

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

Do not use this space.

3  
1

2095  
76

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85 File No. 2095  
 Township St. Joseph Primary Registration District No. 1001 Registered No. 76  
 City St. Joseph (No. Charles St. Between 6th and 7th St. St. Joseph Ward)

**2. FULL NAME**

Ernest Mason 250

(a) Residence, No. Milner Hotel St. St. Joseph Ward. St. Joseph  
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie Mason</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 7, 1884</u>		
7. AGE <u>53</u>	YEARS <u>9</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Restaurant</u>
10. Date deceased last worked at this occupation (month and year) <u>Jan 18, 1938</u>		11. Total time (years) spent in this occupation <u>20Yrs</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flora Illinois</u>		
13. NAME <u>Aron Mason</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>		
15. MAIDEN NAME <u>Lottie Beattie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Ohio</u>		
17. INFORMANT (ADDRESS) <u>Susie Mason, Rulo Nebraska</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Steele Cemetery Falls City, Neb</u> DATE <u>Jan. 21, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>H. O. Sidenfaden &amp; Son, 1802 Union St. St. Joseph Mo.</u>		
20. FILED <u>7-20</u> , 19 <u>38</u> <u>A. J. [Signature]</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 18, 1938

22. I HEREBY CERTIFY, That I viewed deceased from Jan 19th, 1938, to Jan 19th, 1938.

I last saw h. Ernest Mason alive on Jan 18, 1938, 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.

The principal cause of death and related causes of importance were as follows:  
Homicide by fire arms

Date of onset Jan 18, 1938

**RECEIVED**  
 FEB 21 1938  
 173

Name of physician no Date of no  
 What test confirmed diagnosis? History Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Homicide Date of injury 1/18, 1938  
 Where did injury occur? St. Joseph (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public place  
 Manner of injury fire arms  
 Nature of injury shot through heart

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify no  
 (Signature) B. W. Tadlock Coroner 4 M. D.  
 (Address) King Hill Bldg

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.

