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.

REC'D JUL 11 1938

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

Do not use this space.

22666

1. PLACE OF DEATH
County Phelps — Registration District No. 678 — File No.
Township St. James — Primary Registration District No. 5904 — Registered No.
City (No. , St. Ward)

2. FULL NAME Eliza Hanson Mason, 250
(a) Residence, No. Sullivan, Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug.3d. 1855

7. AGE — YEARS: 82 — MONTHS: 10 — DAYS: 13 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Franklin Co.Mo. 0

FATHER
13. NAME Felix Miller 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 1

MOTHER
15. MAIDEN NAME Sibitha Hanson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT (ADDRESS) Mrs.Grace Larkin, Sullivan, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sullivan, Mo. DATE June,19th 1938

19. UNDERTAKER (ADDRESS) J.T.Williams, Sullivan, Mo.

20. FILED 6-27- 1938 Elsie B. Houk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June,16th. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1938, to June 16, 1938
I last saw her alive on June 16, 1938. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Stomache

Date of onset

Other contributory causes of importance: 4 6 6

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?
If so, specify
(Signed) C H Fulbright M. D.
(Address) St James Mo.