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

5302

1. PLACE OF DEATH

89 County _Ray_ Registration District No. _740_ File No. _2_

Township or _Crooked River_ Primary Registration District No. _4442_ Registered No. _____

City _Hardin_ (No. _____, St. _____ Ward)

2. FULL NAME _Hazell Leevean Mason_

(a) Residence. No. _____ 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. _4_ ds. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3. SEX _Female_   **4. COLOR OR RACE** _White_   **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) _Infant_

16. DATE OF DEATH (MONTH, DAY AND YEAR) _Feb 16_ 19_32_

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND of (OR) WIFE of _Infant_

17.
I HEREBY CERTIFY, That I attended deceased from _Feb 12_, 193_2_, to _Feb 16_, 19_32_
that I last saw h__ alive on _Feb 16_, 193_2_, and that death occurred, on the date stated above, at _5 P._ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _Feb 12 32_

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital Heart

7. AGE YEARS _____ MONTHS _____ DAYS _4_ IF LESS THAN 1 day, ____hrs. or ____min.

_1570_ _1570_ (duration) _____ yrs. _____ mos. _4_ ds.

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

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____

9. BIRTHPLACE (CITY OR TOWN) _Hardin Mo_
(STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? _No_ DATE OF _____
WAS THERE AN AUTOPSY? _no_
WHAT TEST CONFIRMED DIAGNOSIS? _Clinical_

10. NAME OF FATHER _Tom Mason_

(Signed) _Marvin Grimes_, M.D

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _Ste?_
(STATE OR COUNTRY) _Mo_

, 19 ___ (Address) _Hardin, Mo._

12. MAIDEN NAME OF MOTHER _Cora Bales_

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _Rayville Mo_
(STATE OR COUNTRY)

*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. (See reverse side for additional space.)

14. INFORMANT _Tom Mason_
(Address) _Hardin Mo_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _Wakenda Cemetery_ **DATE OF BURIAL** _Feb 17_ 19_32_

15. FILED _2-17, 32_ _R. L. Williford_ REGISTRAR

20. UNDERTAKER _R. R. Boggess_ **ADDRESS** _Hardin Mo_

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive Engineer*, *Civil Engineer*, *Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill;* (a) *Salesman*, (b) *Grocery;* (a) *Foreman*, (b) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 *ds.; Bronchopneumonia* (secondary), 10 *ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.). "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia*," "PUERPERAL *peritonitis*," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—†probably suicide* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN.