

CERTIFICATE OF DEATH

1922
9978 5/1

1 PLACE OF DEATH
County Madison
Vol. Pct. # 32
Inc. Town Drakesboro
City 17 No. _____ St. _____ Ward _____

Registration District No. 872
Primary Registration District No. 2437

File No. _____
Registered No. 18

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME David H. Mason

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Cal 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH _____, 1851
(Month) (Day) (Year)

7 AGE 71 yrs. _____ mos. _____ ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Logan Co Ky

PARENTS
10 NAME OF FATHER Jack Mason
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (State or country) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Burgis Mason
(Address) Drakesboro Ky

15 Filed 4-18, 1922 J. H. Kinneal
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 8, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 22, 1922, to March 8, 1922, that I last saw him alive on March 8, 1922, and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:

Influenza complicated
pneumonia resulting
pulmonary abscess
(Duration) _____ yrs. _____ mos. 19 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. D. Leundiff, M. D.
Mar 9, 1922 (Address) Drakesboro Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

19 PLACE OR BURIAL OR REMOVAL Smith DATE OF BURIAL 3-10, 1922

20 UNDERTAKER J. H. Kinneal ADDRESS Drakesboro

WRITE PLAINLY, WITH WRITING INK.—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.