

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH 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.

Form V. B. 1-A
DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 261
23146

Registration District No. 1085 Primary Registration District No. 7471

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town Paris
(c) Name of hospital or institution: _____
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Muhlenberg
(c) City or town Paris
(If outside city or town limits write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Mara Mason

3(b) If veteran, _____ 3(c) Social Security Name war _____ No. _____

4. Sex M 5. Color of race W 6(a) Single, widowed, married, divorced Widowed

5(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Oct 29 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Kentucky

10. Usual occupation at home

11. Industry or business _____

FATHER 12. Name Jim Harris

13. Birthplace Arkansas

MOTHER 14. Maiden name Jessie L. Harris

15. Birthplace Arkansas

16(a) Informant's own signature Jessie L. Harris

(b) Address Paris, Ky

17. BURIAL, CREMATION, OR REMOVAL Place Home Date 10-28-1943

18(a) Signature of funeral director J. H. Anderson

(b) Address Central City, Ky

19(a) 11-5-43 (Date received by local registrar) (b) Jessie L. Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH October 28 1943
21. I hereby certify that I attended the deceased from Oct 15 1943 to Oct 28 1943, that I last saw her on Oct 28 1943 and that death occurred on the date stated above at 4:15 P.M.

Immediate cause of death Carcinoma of lungs

DURATION Not known

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations 475

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? in or about home, on farm, in industrial place in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature J. H. Anderson (M. D. or other)

Address Central City, Ky Date signed 10-29-43