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COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19216

County Mitchell

File No.

Vet. Post. # 32Registration District No. 089Registered No. 86Inc. Town. Frankfort Ky

Primary Registration District No.

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

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

2 FULL NAME Henry Mason

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE Colored 5 Single Married Widowed or Divorced
(Write the word)6 DATE OF BIRTH unknown
(Month) (Day) (Year)7 AGE 60 yrs. - mos. - ds. IF LESS than 1 day - hrs. or - min?8 OCCUPATION
(a) Trade, profession or particular kind of work. miner
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Adirville, Ky10 NAME OF FATHER unknown11 BIRTHPLACE OF FATHER (State or country) Logan Co Ky12 MAIDEN NAME OF MOTHER unknown13 BIRTHPLACE OF MOTHER (State or country) Logan Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lottie Nichols(Address) Frankfort Ky15 Filed 7-16, 1924Registrar J. P. Haralson

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 13 24
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 6/28/1924, to 8/13/1924, that I last saw him alive on 8/13/1924, and that death occurred on the date stated above at 11:30 a.m.

The CAUSE OF DEATH* was as follows:

Arterial Rheumatism(Duration) yrs. 1 mos. 14 ds.Contributory (Secondary) Coronary Arteriosclerosis(Duration) yrs. 24 ds.(Signed) J. P. Haralson, M. D.
8/14/1924 (Address) Frankfort 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 OF BURIAL OR REMOVAL DATE OF BURIAL

Smith Cemetery Aug 15, 1924

20 UNDERTAKER ADDRESS

David R. White Madisonville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated in FULLY. 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.