

CERTIFICATE OF DEATH

File No. _____

Registered No. **2423**

PLACE OF DEATH
County Muhlenberg
Vot. Dist. # 5 Registration District No. 1088
Inc. Town Drakesboro, Ky. Primary Registration District No. 2437
City _____ (No. _____ St. _____ Ward _____)
2. FULL NAME Mitchell Mason
(a) Residence. No. Drakesboro, Ky. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. - 0 mos. - 0 ds. New born in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (Write the word) Widowed

6a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH Oct. 23 - 1848

7. AGE Years Months Days If LESS than 1 day hrs. or min.
86 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Rockport Ind.13. NAME Ambrose G. Mason14. BIRTHPLACE Ind.15. MAIDEN NAME Mary Ann Gault16. BIRTHPLACE Ind.17. INFORMANT Mrs. John Street
(Address) Drakesboro, Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Yonkers, New York Date Feb. 1, 193519. UNDERTAKER J. R. Kimmick
(Address) Drakesboro, Ky.20. FILED Feb. 12, 1935 J. R. Kimmick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 31, 193522. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1935 to Jan 31, 1935
I last saw him alive on Jan 29, 1935 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:Chronic Bronchitis 1932Contributory causes of importance not related to principal cause:
Senility 1929Name of operation none date of noneWhat test confirmed diagnosis? Spec. from Was there an autopsy? No23. 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? none
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. noneManner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? no If so, specify noneH. D. Newman, M. D.
(Address) Drakesboro, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING 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.