

MAR 24 1927

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

4625

1. PLACE OF DEATH

County Walth
 Township Benton
 City Independence (No. _____) St. _____ Ward _____

Registration District No. 372
 Primary Registration District No. 5518

File No. _____
 Registered No. 532

2. FULL NAME

John Henry Robert Matson
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual) place of abode _____

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF

Mary Jane Matson

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 21 - 1834

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1
 day, _____ hrs.
 or _____ min.

92728

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

New York

10. NAME OF FATHER

Nathaniel Matson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Connecticut

12. MAIDEN NAME OF MOTHER

Erin Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

New York

14.

INFORMANT

(Address)

Samuel H. Matson
Marion City Mo

15.

FILED

2-19-27

J. O. Francis
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb 19 1927

17.

I HEREBY CERTIFY, That I attended deceased from Feb 19, 1927, to Feb 19, 1927 that I last saw him alive on Feb 10, 1927, and that death occurred, on the date stated above, at Marion City Mo

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis97

(duration) 1 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

(duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical / x-ray history(Signed) D. Perry, M. D.Feb 19, 1927 (Address) Marion City Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Mt. Hope2-20 1927

20. UNDERTAKER

Peterson & Crawford

ADDRESS

Marion City

N. B.—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.

