MAY 25 1927

# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

11072

**1. PLACE OF DEATH**

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph (No. 2709 South 22nd. St. St. Ward)

File No.

Registered No. 460

**2. FULL NAME** Charles H. Matthews

(a) Residence. No. 2709 South 22nd. St. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 49 yrs. 0 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | White | Married |

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Virginia E. Burnett

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 4, 1878

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 49 | 0 | 26 | |

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Am. Sash & Door Co

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Joseph Matthews

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Katherine Welty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Virginia E. Matthews
(Address) 2709 So. 22- St. Joseph, Mo.

15. FILED 5/2, 1927 John G. Gutz REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 30 1927

17. I HEREBY CERTIFY, That I ~~attended~~ deceased from Cor April 30, 1927, to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 4 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Preliminary Haemorrhage

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ~~Influenza~~ Influenza (duration) ..... yrs. 3 mos. ..... ds.

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? Views & History of Previous Disease

(Signed) J. W. Mays Coroner, M. D

5/2, 1927 (Address) St Joseph 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 Mt. Mora — DATE OF BURIAL 5/3 1927

20. UNDERTAKER Fleeman-Faris — ADDRESS 1208 Francis

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.