

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

Do not use this space.

26865

**1. PLACE OF DEATH**

County..... Dekalb  
Township..... Hamden  
City..... Maysville (No. ....)

Registration District No. 259  
Primary Registration District No. 4138

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME** Frank Mathis

(a) Residence. No. Dekalb Co Farm St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 2 mos. .... ds. How long in U.S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Do not know

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Do not know

7. AGE YEARS MONTHS DAYS About 68 H LESS than 1 day, .... hrs. or .... min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Laborers (Retired)  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) DO Not know  
(STATE OR COUNTRY)

10. NAME OF FATHER do not know

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

12. MAIDEN NAME OF MOTHER Do not know

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

14. INFORMANT Ralph McGree Supt.  
(Address) Maysville

15. FILED Sept 27 1927 J. P. Phelps REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 4 19 27.

17. I HEREBY CERTIFY That I attended deceased from July 24, 19 27 to Sept. 4, 19 27 that I last saw him alive on September 3rd, 19 27, and that death occurred, on the date stated above, at 3 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic vavular heart disease  
Chronic interstitial nephritis

13! 10 (duration) yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 1290 (duration) .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) G. S. Johnson, M. D.

9/5, 19 27 (address) Maysville, Missouri.

\*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  
Oak Lawn Cem. Maysville 9 /5. 27

20. UNDERTAKER ADDRESS  
U. G. Picher Maysville

AGE should be stated EXACTLY. PHYSICIANS should state OCCUPATION is very important. Exact statement of OCCUPATION is very important.

1914