JAN 5 1926

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

Do not use this space.

30857

1. PLACE OF DEATH
County Lawrence — Registration District No. 472
Township Vineyard — Primary Registration District No. 42 [illegible]
City Stotts City MO (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Kenneth LeRoy Mathews

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

Length of residence in city or town where death occurred yrs. mos. ds. How long 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 1 - 1927

7. AGE — YEARS — MONTHS — DAYS [illegible] — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Stotts City
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Jesse Mathews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mt Vernon
(STATE OR COUNTRY) R.F.D 3 MO
12. MAIDEN NAME OF MOTHER [illegible] Juanita Wilson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Colorado City Colo

14. INFORMANT Jesse Mathews
(Address)

15. FILED 12-8, 1927 Thos H Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 10 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1927, to Oct 10, 1927 that I last saw him alive on Oct. 9, 1927 and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hepatitis

125(B)

(duration) 12 [illegible] yrs. mos. 9 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J W Boyd, M.D
, 19 (Address) Sarcoxie 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: Union Cemetery
DATE OF BURIAL: Oct 10 1927

20. UNDERTAKER: Wessell Jr
ADDRESS: Pierce City MO

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.