

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

Do not use this space.

36015

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85

Township St Joseph Primary Registration District No. 1001

City St Joseph (Not State Hospital for Insane Nev St. Ward)

File No. \_\_\_\_\_

Registered No. 1253

**2. FULL NAME** Wilson F. Mathes

(a) Residence. No. State Hospital # 2 St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 5 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)**

Single

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

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

**7. AGE**

YEARS 27

MONTHS None

DAY None

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**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)

Unknown

Illinois

**10. NAME OF FATHER**

Jas E. Mathes

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

Illinois

**12. MAIDEN NAME OF MOTHER**

Ida M. Cassel

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Unknown

Illinois

**14.**

INFORMANT

(Address)

J. E. Mathes  
Engleville, Mo

**15.**

DEC 7 1927

John G. Utz  
St Joseph  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Dec 7 1927

**17.** I HEREBY CERTIFY, That I attended deceased from Nov 21 1925, to Dec 7 1927.

that I last saw him alive on Dec 7 1927, and that death occurred, on the date stated above, at 7:20 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Manical Exhaustion

**CONTRIBUTORY (SECONDARY)**

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

**19.** DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) J. P. Branch, M. D.

12/7/27 (Address) State Hoop # 2

\*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**

Engleville, Mo. via auto Dec 9 1927

**20. UNDERTAKER**

**ADDRESS**

Hester-Baylor Unde 319 So. 10 St.  
St. Joseph, 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.

PERMANENT RECORD

NOV 17 1927

RECEIVED  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE