JAN 19 1928

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

Do not use this space.

37316

1. PLACE OF DEATH

County Jefferson — Registration District No. 421 — File No.

Township Joachim — Primary Registration District No. 5575 — Registered No. 99

City Crystal City (No. ..... St. ..... Ward)

2. FULL NAME John Wallace Matthews

(a) Residence (Usual place of abode) No. ..... St., ... Ward. ..... (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: M

4. COLOR OR RACE: Colored

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 12 1887

7. AGE: Years 40 — Months 6 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Glass Worker

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

(c) Name of employer: P. P. G. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kimmswick Jefferson Mo.

PARENTS

10. NAME OF FATHER: Wallace Matthews

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

12. MAIDEN NAME OF MOTHER: Rose Matthews

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

14. INFORMANT: M Matthews (Address) Crystal City Mo

15. FILED 12/26/1927 J E Rutledge REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 24 1927

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1927 to Dec 24, 1927 that I last saw him alive on Dec 23, 1927, and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Addisons Disease

About (duration) 1 yrs. ..... mos. ..... ds.

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

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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 J Commerford, M. D

Dec 24, 1927 (Address) Crystal 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: De Soto Mo — DATE OF BURIAL: Dec 26 1927

20. UNDERTAKER: Quester & Vinyard — ADDRESS: Festus Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.