FEB 18 1928

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

Do not use this space.

69

1. PLACE OF DEATH

County Audrain — Registration District No. 26 — File No.

Township ~~Fairview~~ — Primary Registration District No. 8002 — Registered No. 17

City Mexico (No. 735 West Coal St. Ward)

2. FULL NAME Lena Mattox

(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: female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June-14-1904

7. AGE: 23 YEARS, 7 MONTHS, 16 DAYS — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Wife
(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): North Dakota

PARENTS

10. NAME OF FATHER: Ben Works
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Sallie Oliver
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Calloway Co. Mo

14. INFORMANT: Otis Mattox
(Address): Mexico Mo

15. FILED: Jany 31st, 1928 Ira S. Milligan, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jany 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Jan 30, 1928 that I last saw her alive on Jan 30, 1928 and that death occurred, on the date stated above, at 12 15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis
Chr. Pulmonary
23A (duration) 2 yrs. mos. 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? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) R S Williams, M. D
, 19 (Address) Mexico 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: Mexico Mo Cem — DATE OF BURIAL: 1-31 1928

20. UNDERTAKER: H A Pruett & Son — ADDRESS: Mexico 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.