FEB 20 1928

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

Do not use this space.

320

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 132

City St. Joseph, (No. 1019 No. 3rd. St. St. Ward)

2. FULL NAME William Mathias

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

Length of residence in city or town where death occurred 46 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) May, 26, 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
75	8	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Street Railway
(b) General nature of industry, business, or establishment in which employed (or employer): track greaser.
(c) Name of employer: St. Jos. St. R. R. Co.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stewartsville, Mo.

PARENTS

10. NAME OF FATHER: John Mathias
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Lucy Mays
(Address) 1019 No. 3rd. St.

FEB 1

15. FILED 1928 19 John G. Wz REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan, 31, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1928, to Jan 31, 1928 that I last saw him alive on Jan 20, 1928, and that death occurred, on the date stated above, at 7.20 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
107A
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) La Grippe
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical symptoms
(Signed) J R Elliott, M. D
Feb 1, 1928 (Address) 824 Edmond

*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: Ashland Cemetery — DATE OF BURIAL: Feb, 2, 1928

20. UNDERTAKER: Walter Meierhoffer — ADDRESS: 1302 Faraon St.

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.