

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

Do not use this space.

11650

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 4228, West Side) St. Ward) (If nonresident give city or town and State)

2. FULL NAME

Sadie L. Mathews
 (a) Residence. No. 4228 N. Olive St., 19 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Am J. Mathews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
60 4 20

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Atron
 (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER James Hawkins
 11. BIRTHPLACE OF FATHER (CITY OR TOWN).....
 (STATE OR COUNTRY) unknown
 12. MAIDEN NAME OF MOTHER Anna Keene
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....
 (STATE OR COUNTRY) unknown

14. INFORMANT William J. Mathews
 (Address) 4228 N. Olive Blvd.

15. FILED May 2 1928 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1928 to Mar. 27, 1928 that I last saw her alive on Mar. 27, 1928, and that death occurred, on the date stated above, at 11:20 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Encephalitis, Lethargic
17 (duration) yrs. 1 mos. 7 da.

CONTRIBUTORY (SECONDARY) 5/3 (duration) yrs. mos. da.

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.....
 (Signed) M. D. Jennings, M. D.
Mar. 28 1928 (Address) 4401 Washington Blvd. St. Louis

*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 Bellefontaine Cem DATE OF BURIAL Mar 29 1928

20. UNDERTAKER Chas Lupton ADDRESS 4449 g. Olive

M. 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.

