Y 29 1928

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

Do not use this space.

12422

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 308 North 22nd. St. Ward)

File No.

Registered No. 533

2. FULL NAME Andrew Mathers,

(a) Residence. No. 308 North 22nd. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	72	5	14	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Harness Maker,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) London,
(STATE OR COUNTRY) England,

PARENTS

10. NAME OF FATHER James Mathers,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) London,
(STATE OR COUNTRY) England,

12. MAIDEN NAME OF MOTHER Unknown,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Unknown,

14. INFORMANT Mrs. Marie Campbell
(Address) 308 North 22nd. Street.

15. FILED APR 30 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr 3, 1927, to Apr 26, 1927, that I last saw him alive on Apr 26, 1928, and that death occurred, on the date stated above, at 8:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis.

90A 92B 95B

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardiac Asthma

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? At place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) C. A. Meredell, M. D

Apr 27, 1928 (Address) J & S. Bldg.

*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
St. Joseph Mem. Park Cem.	April 30, 1928

20. UNDERTAKER	ADDRESS
Heaton-Bigelow-Bowman by J. St. Karle	319 S. 10 St. Funeral Home

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.