

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

Do not use this space.

13967

JUN 1

1. PLACE OF DEATH

County Linn
Township Union
City Chillicothe (No. _____) St. _____ Ward _____

Registration District No. 508
Primary Registration District No. 70265674

File No. _____
Registered No. 32

2. FULL NAME Charles Mathews

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male White Divorced

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

Hattie M Mathews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 26 - 68

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
60 - 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Fruit Raising
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

10. NAME OF FATHER James M Mathews

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

12. MAIDEN NAME OF MOTHER Mary Nesbit

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Chillicothe Mo

14. INFORMANT (Address) May M Sanders
Houston City Mo

15. FILED 4-4-28 Reuben Ramsey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 3 - 19 28

17. I HEREBY CERTIFY, That I attended deceased from _____
not at all 19____, to _____ 19____
that I last saw him _____ alive on _____ 19____, and that death occurred, on the date stated above, at _____ 5 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy
few minutes
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) MI
(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? history
(Signed) Constance, M. D.

4/4, 1928 (Address) Chillicothe 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 DATE OF BURIAL
Edgewood Cem April 3 - 28

20. UNDERTAKER ADDRESS
Jas W Gordon Chillicothe

K. B.—Every item of information should be carefully supplied. AGE, SHOWING BE SAVED EXACTLY. PHYSICIAN'S SIGNATURE MUST BE PRESENT. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

