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

Do not use this space.

15363
15632
4591

1. PLACE OF DEATH

County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City ..... (No. 2927 Chouteau St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Willie Matthews

(a) Residence. No. 2927 Chouteau St., 18 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: col
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Harry Matthews

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar 8-1897

7. AGE: Years 31 | Months 1 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ~~Greenville~~ Cohoma
(STATE OR COUNTRY) miss

PARENTS

10. NAME OF FATHER: Nathaniel Freeman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tublo
(STATE OR COUNTRY) miss
12. MAIDEN NAME OF MOTHER: Fannie Slack
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pontack
(STATE OR COUNTRY) miss

14. INFORMANT: Harry Matthews
(Address) 2927 Chouteau ave

15. FILED [illegible] 19[illegible] Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-25 1928

17. I HEREBY CERTIFY, That I attended deceased from 4-23, 1928, to 4-25, 1928 that I last saw her alive on 4-25, 1928, and that death occurred, on the date stated above, at 9 00 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
10X
92A (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY): Cerebral hemorrhage
Apoplexy (duration) ..... yrs. ..... mos. 1 ds.

1010

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 findings etc

(Signed) Leon C. Haile, M. D
4/26, 1928 (Address) 1005 So. Ewing.

*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: New Port. Ark
DATE OF BURIAL: April 28 1928

20. UNDERTAKER: Watson and Son
ADDRESS: 2941 Chouteau

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.