WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Case

get O.K.

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

Do not use this space.

19174

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 5599

Township ..... Primary Registration District No. 1003 ..... Registered No. 1

City St Louis (No. 5600 Arsenal St. 24th Ward)

2. FULL NAME NORMAN MATHEWS

(a) Residence. No. 5410 Manchester St., 4 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
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 ?

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown ?

7. AGE: abt 43 ? Years ? Months ? Days ? If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) ~~Unknown~~ ?
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm A. Mathews ?
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ? (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Martha Davis ?
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ? (STATE OR COUNTRY) Ill.

14. INFORMANT Wm Mathews (Son)
(Address) 4510 Manchester

15. FILED MAY 23 1928 Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 21 1928

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1928, to May 21, 1928 that I last saw him alive on May 21, 1928, and that death occurred, on the date stated above, at 1:30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Meningitis, Meningococcic
10 yrs 4
(duration) 0 yrs. 0 mos. 5 ds.

CONTRIBUTORY (SECONDARY) Bronchopneumonia
Primary (duration) 0 yrs. 0 mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 4510 Manchester

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) George H. Garrison M.D.
5/21, 1928 (Address) ISOLATION HOSPITAL

*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: Petterson Mo. Via Piedmont Mo. DATE OF BURIAL: 5-24 1928

20. UNDERTAKER: Peetz Bros. 3029 ADDRESS: Lafayette