

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St Louis Mo (No. Children's Hospital)

Registration District No. 791
Primary Registration District No. 11003

File No. 25608
Registered No. 7425

2. FULL NAME

(a) Residence. No. Fredericktown Mo St. 12 Ward. Fredericktown, Mo
(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 - 1927

7. AGE YEARS MONTHS DAYS II LESS than 1 day, hrs. or min.
1 | 1 | 5

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Sidney Matthews

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

12. MAIDEN NAME OF MOTHER Ranice Lindsey

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

14. INFORMANT M. B. Jacobi
(Address) 500 S. Kingshighway

15. FILED 18 1928 Ray C. Starks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928 to July 17, 1928.
that I last saw him/her alive on July 17, 1928, and that death occurred, on the date stated above, at 9:40 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sepsis, acute, non-diphtheritic -
Bubonic pneumonia - primary
107A
10.5 B (duration) yrs. mos. 4 da.

CONTRIBUTORY (SECONDARY) 100A (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED Home -
IF NOT AT PLACE OF DEATH.....

2 DID AN OPERATION PRECEDE DEATH? yes Bronchoscopy DATE OF 7-15-28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam + Bronchoscopy
(Signed) A. C. Edwards, M. D.
, 19 (Address) 500 S. Kingshighway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Granton, Mo DATE OF BURIAL 7-19-1928

20. UNDERTAKER L. C. Bond ADDRESS Granton Mo

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.

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