

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

Do not use this space.

30425

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Kass Primary Registration District No. 1002  
 City R.C. Mo. (No. Mercy Hospital)

File No. \_\_\_\_\_  
 Registered No. 38572  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

James Mathum  
 (a) Residence No. Crittendon Home St. 17 Ward \_\_\_\_\_  
 (Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8/2/28

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 2

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) R.C. Mo.  
 (STATE OR COUNTRY)

**PARENTS**  
 10. NAME OF FATHER James F. Mathum  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nebr  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Helena Groenwald  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nebraska  
 (STATE OR COUNTRY)

14. INFORMANT Harold Groenwald  
 (Address) 2607 Benton

15. FILED 9/5 28 M. M. Crowe  
 REGISTRAR

**3 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/4 1928

17. I HEREBY CERTIFY, That I attended deceased from 9/3/28 to 9/4/28, that I last saw him alive on 9/4/28, and that death occurred, on the date stated above, at 8:15 a.m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Pneumo-pneumonia meningitis

CONTRIBUTORY (SECONDARY) O.M.C.D. (otitis media)

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? Crittendon Home

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) C. J. Edging, M. D.

9/4, 1928 (Address) Fatherly 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 Highland Park, KC. DATE OF BURIAL Sept 5, 1928

20. UNDERTAKER Mrs. C. L. Foster ADDRESS R.C. 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.

2- roof board  
pinnacle  
parade  
3-4-5-6-7-8-9-10-11-12-13-14-15-16-17-18-19-20-21-22-23-24-25-26-27-28-29-30-31-32-33-34-35-36-37-38-39-40-41-42-43-44-45-46-47-48-49-50-51-52-53-54-55-56-57-58-59-60-61-62-63-64-65-66-67-68-69-70-71-72-73-74-75-76-77-78-79-80-81-82-83-84-85-86-87-88-89-90-91-92-93-94-95-96-97-98-99-100  
Carnot  
Ellery  
steak