

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis (No. St. Anthony's Hospital) St. 7 (Word)  
 File No. 34790  
 Registered No. 9738

**2. FULL NAME**

Annie M. Matthews  
 (a) Residence. No. 1317<sup>a</sup> N. 24 St., 21 Ward.  
 (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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 William H. Matthews  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10-1889  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 39 4 21  
 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)**

(STATE OR COUNTRY) Tennessee  
**PARENTS**  
 10. NAME OF FATHER Thomas Trammill  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
 12. MAIDEN NAME OF MOTHER Delia Poole  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT William H. Matthews  
 (Address) 1317<sup>a</sup> N. 24 St

15. FILED 101-93 1928 Mark Staroff  
 REGISTRAR

**4 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 1 1928  
 17. I HEREBY CERTIFY That I attended deceased from Sept 20, 1928, to Oct 1, 1928 that I last saw him alive on Sept 20, 1928, and that death occurred, on the date stated above, at 2:55 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Cholecystitis 1278  
Chronic Hepatitis 1288  
non alcoholic 1299  
 (duration) 6 yrs. mos. ds.  
 CONTRIBUTORY Peritonitis  
 (SECONDARY) (duration) 7 yrs. mos. ds.

18. WERE YOUR DISEASE CONTRIBUTED IF NOT A CAUSE OF DEATH? Yes  
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 29 1928  
 WAS THERE AN AUTOPSY? No  
 WHAT TEST CONFIRMED DIAGNOSIS? Operation  
 (Signed) H. S. M. McKay M. D.  
10/3, 1928 (Address) Miner's Club 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 Dalhalla Cemetery DATE OF BURIAL 10/3 1928  
 20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

R. R.—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.

Dr. J. W. ...  
University of ...

1 - 2 ...