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VITAL STATISTICS, WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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

Do not use this space.

21273

1. PLACE OF DEATH
County: Henry
Township: X
City: Windsor Mo. (No. ..., ... St., ... Ward)

Registration District No. 14
Primary Registration District No. 4211

File No. ...
Registered No. 24

2. FULL NAME: James Ross Matthews

(a) Residence. No. ... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. If Married, Widowed or Divorced HUSBAND of (or) WIFE of: Lou Matthews

6. DATE OF BIRTH (month, day and year): Aug 10-1858

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	70	9	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(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): Ohio

PARENTS
10. NAME OF FATHER: W. S. Matthew
11. BIRTHPLACE OF FATHER (city or town): Unknown
(State or country): Unknown
12. MAIDEN NAME OF MOTHER: Mary Davis
13. BIRTHPLACE OF MOTHER (city or town): Unknown
(State or country): Unknown

14. Informant: Mrs. J. R. Matthews
(Address): Windsor Mo.

15. Filed 6-5, 1929 [illegible signature] Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year): June 4 1929

17. I HEREBY CERTIFY, That I attended deceased from May 20-, 1929, to June 3, 1929
that I last saw h... alive on June 3, 1929, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* was as follows:
Hemorrhage in left cerebellum
(duration) ... yrs. ... mos. ... ds.

CONTRIBUTORY (secondary): [illegible]
(duration) ... yrs. ... mos. ... ds.

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? ...
(Signed) [illegible], M. D.
, 19 (Address) Windsor Mo.

*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	DATE OF BURIAL
Windsor Mo.	6/5/ 1929
20. UNDERTAKER	ADDRESS
E. A. Roof	Windsor

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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.

GIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County Henry — Registration District No. 14 — File No.

Township — Primary Registration District No. 4214 — Registered No. 24

City Windsor (No. , St. , Ward)

2. FULL NAME Jessie Rose Matthews

(a) Residence. No. St., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	M

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.

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)
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT
(Address)

15. FILED , 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 4 1929

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19
that I last saw h alive on , 19 , and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hemorrhage in Left Side Pleura

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumonia Bronchial

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) , M. D.
, 19 (Address)

*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	DATE OF BURIAL 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

S-21273