

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

Do not use this space.

27077

1. PLACE OF DEATH  
 County Buchanan Registration District No. 86  
 Township Washington Primary Registration District No. 527  
 City Kennett (No. ....) St. .... Ward)

File No. ....  
 Registered No. 61  
 St. .... Ward)

2. FULL NAME Alfred William Mathews  
 (a) Residence. No. Route #5 Sol 11th St. Rd. Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1929

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 1 6

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) St. Joseph  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER J. P. Mathews

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

12. MAIDEN NAME OF MOTHER Sylvia Sharp

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

14. INFORMANT J. P. Mathews  
 (Address) R. R. #5 St. Joseph Mo.

15. Aug 22, 1929 J. P. Mathews  
 FILED 1929 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 21, 1929 19

17. I HEREBY CERTIFY That I attended deceased from 8-21-1929 to 8-21-1929 and that I last saw him alive on 8-21-1929, and that death occurred, on the date stated above, at F. K. S. A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
107A  
 (duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) 107A  
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH? \_\_\_\_\_

9 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE of \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) E. B. McAdow M.D. Clark  
Aug 22, 1929 (Address) De Kalb 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 Bethel Cem. DATE OF BURIAL 8-22-1929

20. UNDERTAKER Frank D. Clark ADDRESS 5025 Irving Hill Ave.

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.

