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

Do not use this space.

34328

1. PLACE OF DEATH
County: Linn
Township:
City: Brookfield (No. ..... St. ..... Ward)
Registration District No. 496
Primary Registration District No. 3025
File No.
Registered No. 82

2. FULL NAME Dora Love Matsell
(a) Residence. No. 754 So Brunswick St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 21 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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: H L Matsell

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 26-1869

7. AGE: Years 60 | Months 3 | Days 18 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Hawleyville Ia.

PARENTS
10. NAME OF FATHER: John Love
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa
12. MAIDEN NAME OF MOTHER: Dora Knowe
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Dora Knowe

14. INFORMANT: Eatoo
(Address) 754 Brunswick Ave

15. FILED Oct 15 1929 Thos. P. Fore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1929, to Oct. 14, 1929 that I last saw her alive on Oct. 14, 1929, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Senile dementia
928
9
169 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY): acute Myocarditis with Dilitation (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. B. Simpson M. D.
Oct 15, 1929 (Address) Brookfield 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: Laclede Cemetery
DATE OF BURIAL: 10/16/1929

20. UNDERTAKER: Hunter & Rellins
ADDRESS: Brookfield 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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