MAR 28 1930

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

Do not use this space.

6059

1. PLACE OF DEATH
County Randolph — Registration District No. 733 — File No.
Township — Primary Registration District No. XX38 — Registered No. 7
City Huntsville (No. ..... St. ..... Ward)

2. FULL NAME Sterling Burnett Matlock
(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 - 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	7	3	

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Farmer
(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) Randolph Co. Mo.

PARENTS
10. NAME OF FATHER Sterling Matlock
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo.
12. MAIDEN NAME OF MOTHER Mary Baker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co. Mo

14. INFORMANT Mrs. Walker Barnes
(Address) Huntsville, Mo. R.#2.

15. FILED Mch 7 1930 G G Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb-15 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1930, to Feb 15, 1930 that I last saw h..... alive on Feb 15, 1930, and that death occurred, on the date stated above, at 11 30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. Valvular Disease of Heart
92A
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 90a
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) D A Barnhart M. D.
, 19 (Address) Huntsville 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
Johnson Cemetery	Feb-18th 1930
20. UNDERTAKER	ADDRESS
Andrew Minor	Huntsville, 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.