AR 28 1930

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

Do not use this space.

6129

1. PLACE OF DEATH
County St Charles
Township Quivre
City ..... (No. ..... St. ..... Ward)

Registration District No. 758
Primary Registration District No. 5999

File No. .....
Registered No. 130

2. FULL NAME Virginia B. Mathews (Nee. Knupp.)
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 16 - 1843.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86.	9.	3.	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home duties
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Flint Hill
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Valentine Knupp.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Baltimore Md.
12. MAIDEN NAME OF MOTHER Mrs. Rosenberg
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Baltimore Md.

14. INFORMANT G. V. Matthews
(Address) Foristell Mo

15. FILED 3/10/30 J. M. Jenkins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 29-30 Feb. 19th, 1930, to Feb. 19, 1930 that I last saw her alive on Feb 13, 1930 and that death occurred, on the date stated above, at 10 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Hemorrhage
114 B
(duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) 107 C 2
(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) Rhum Millar, M. D.
Feb 20 1930 (Address) Foristell 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: Wright City Cemetery
DATE OF BURIAL: Feb. 21st 1930

20. UNDERTAKER: C. G. Nieberg
ADDRESS: Wright City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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