

Exact statement of OCCUPATION is very important.

APR 30 1930

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

Do not use this space.

9545

1. PLACE OF DEATH

County Miller  
Township \_\_\_\_\_  
City near Eldon (No. \_\_\_\_\_)

Registration District No. 1174  
Primary Registration District No. 5-756A

File No. 5  
Registered No. 5  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Osca Matheson

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Don't know

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 12 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

17. I HEREBY CERTIFY, That I attended deceased from March 11<sup>th</sup>, 1930, to March 12, 1930 that I last saw him alive on March 12, 1930 and that death occurred, on the date stated above, at 5:30 a.m.

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
(apoplexy)  
8:11 (duration) yrs. mos. ds.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 42 < <

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH <

9. BIRTHPLACE (CITY OR TOWN) Do not know (STATE OR COUNTRY)

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER Do not know

WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs + symptoms. Stomach removed after post-mortem (Signed) James Bellinger, M. D. 19 (Address) Eldon, Mo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Do not know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know (STATE OR COUNTRY)

\*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.

14. INFORMANT Stone & Webster Construction Co. (Address) Eldon, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Delesboro, North Carolina DATE OF BURIAL 3-14 1930

15. FILED 3-14-30 Mrs. C. O. Jeffries REGISTRAR

20. UNDERTAKER W A Phillips ADDRESS Eldon, Mo

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

1. PLACE OF DEATH. County Miller Co. Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township Belton Mo Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Belton Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Oscar T. Matheson (MATHESON)

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX \_\_\_\_\_ 4. COLOR OR RACE \_\_\_\_\_ 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) \_\_\_\_\_

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.

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 12 1930

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

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

8. OCCUPATION OF DECEASED Ironmaster Steamfitter

(a) Trade, profession, or particular kind of work \_\_\_\_\_ (duration) yrs. mos. da.

(b) General nature of industry, business, or establishment in which employed (or employer) Construction

(c) Name of employer Stone & Webster

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. da.

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.

9. BIRTHPLACE (CITY OR TOWN) Mangum (STATE OR COUNTRY) NC

10. NAME OF FATHER J. L. Matheson

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

12. MAIDEN NAME OF MOTHER Samuel B. Tyson

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

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.

\*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.

14. INFORMANT J. L. Matheson (Address) Belton Mo

15. FILED \_\_\_\_\_ 19\_\_\_\_ REGISTRAR \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_ 19\_\_\_\_

20. UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

REG. SHALL NOT RECEIVE A CERTIFICATE UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

CAUSE OF DEATH I claim to be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

State of North Carolina,  
County of Anson.

Before me, Geo. K. Craig, a Notary Public in and for Anson County, North Carolina, personally appeared J. L. Matheson of Wadesboro, N. C. who is well known to me, who being duly sworn- states and deposes that the attached supplementary was filled out by him and that the information given therein is true to the best of his information and belief.

Sworn and subscribed to, before me,  
This, the 12th day of May 1930.

Geo. K. Craig  
Notary Public.

My Commission Expires March 12th 1932 ✓

J. L. Matheson