

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

Do not use this space.

15426

**1. PLACE OF DEATH**

County Buchanan Registration District No. 86  
 Township Wichita Primary Registration District No. 5127  
 City St. Joseph, Mo. (No. Armour and Company) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Matilda Hoar  
 (a) Residence. No. 3410 Kenick 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. A. Hoar

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 11, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
44 4 27

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

9. BIRTHPLACE (CITY OR TOWN) Dent, Minnesota  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Engleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Dalton

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

14. INFORMANT Ray Engleman  
 (Address) St. Joseph, Mo.

15. FILED 5-9-30 J. J. [Signature] REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 8, 1930

17. I HEREBY CERTIFY, That I attended deceased from Vienna, Va. 19....., to..... 19....., that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at 3:30 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Injuries received in explosion at Armour's Packing Co. Cause of death unknown  
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 194F (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no pl

WHAT TEST CONFIRMED DIAGNOSIS  
 (Signed) H. W. Adolph Crane, M. D.  
5/7, 1930 (Address) St. Joseph, 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 Mt. Auburn DATE OF BURIAL May 10, 1930

20. UNDERTAKER Fleeman Funeral Home ADDRESS 1946 Calhan

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUN 2 1930

