

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.

MAY 27 1930

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

Do not use this space.

16908

1. PLACE OF DEATH

County Osage
Township Benler
City _____

Registration District No. 639
Primary Registration District No. 5848

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Martha Geneva Matthews

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Married</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>27th 7-1874</u>		
7. AGE YEARS <u>55</u>	MONTHS <u>9</u>	DAY <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Housewife</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Mint Hill</u> (STATE OR COUNTRY) <u>Osage Co Mo</u>		
PARENTS	10. NAME OF FATHER <u>B. S. Holland</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mint Hill</u> (STATE OR COUNTRY) <u>Osage Co Mo</u>	
	12. MAIDEN NAME OF MOTHER <u>Martin</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Kentucky</u>	
14. INFORMANT: <u>John Matthews</u> (Address) <u>Chamois Mo</u>		
15. FILED: <u>5/18 1930</u> <u>Esther Sorder</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 15th 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1st, 1929 to May 15th, 1930 that I last saw him alive on May 9th, 1930, and that death occurred, on the date stated above, at 11:22 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis chronic

92A
_____ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
90A
_____ (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) W. S. Rowley M. D.

, 19 _____ (Address) Chamois 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
Harris Cemetery
Mint Hill, Mo
DATE OF BURIAL 5/17 1930

20. UNDERTAKER
F. A. Engelage, Chamois, Mo
ADDRESS _____

1900

1900