

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

Do not use this space.

16976

JUN 27 1930

1. PLACE OF DEATH

County Polk Registration District No. 668 File No. _____
 Township Adolph Primary Registration District No. 3032 Registered No. 139
 City Sedalia (No. _____) General Hospital St. _____ Ward _____

2. FULL NAME

Kermit Charles Matthews
 (a) Residence No. _____ St. _____ Ward. Purdien Mo.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 31 - 1914

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
15 9 27

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. Student
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer Noble C. Farley

9. BIRTHPLACE (CITY OR TOWN) Purdien, Mo.
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER Frank Matthews
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Purdien
 (STATE OR COUNTRY) Missouri
 12. MAIDEN NAME OF MOTHER Susie Arnold
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Brown
 (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Evelyn Hutchinson
 (Address) Purdien, Mo.

15. FILED 5-29 1930 J. L. Love
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/28 1930
 17. I HEREBY CERTIFY, That I attended deceased from April 27 to May 28, 1930
 that I last saw him alive on May 28, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
acute Pancreatitis
128
129 (duration) yrs. _____ mos. 33 ds.
 CONTRIBUTORY Peritonitis
 (SECONDARY) (duration) yrs. _____ mos. 30 ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Phys. Exam.
 (Signed) W. B. Besterman, M. D.
 19 _____ (Address) Sedalia 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 Purdien Mo. DATE OF BURIAL May 30, 30

20. UNDERTAKER McLary Kim ADDRESS Sedalia

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

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.

