

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

20424  
~~20500~~

1. PLACE OF DEATH  
 County Bismarck Mo Registration District No. 771  
 Township Bismarck Primary Registration District No. 4462  
 City Bismarck (No. ....) Sl. .... Ward)  
 2. FULL NAME Edward E 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M. 4. COLOR OR RACE W. 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) Oct. 4 - 1860  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 8 24  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Retired Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bellevue Mo (STATE OR COUNTRY)  
 10. NAME OF FATHER Ernest Matthews  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Iowa (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Marietta Byrd  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) California (STATE OR COUNTRY)

14. INFORMANT Chas. Matthews (Address) Bismarck Mo  
 15. FILED Jan 21, 1930 J W Galt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 - 1930  
 17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., that I last saw h. .... alive on ..... 19....., and that death occurred, on the date stated above, at ..... 5:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
apoplexy  
 (duration) yrs. mos. da.  
 CONTRIBUTORY (SECONDARY) MI  
 (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? no  
 WHAT TEST CONFIRMED DIAGNOSIS Clinical  
 (Signed) R. B. Lester Coover, M. D.  
6-28, 1930 (Address) Wesley 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 Bismarck Mo DATE OF BURIAL 6-29 1930  
 20. UNDERTAKER C Hill ADDRESS Bismarck Mo

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.

