

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.

OLF 22 1930

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

Do not use this space.

25963

1. PLACE OF DEATH
County Bucaran Registration District No. 85
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. State Hosp #2)

File No. _____
Registered No. 958
St. _____ Ward _____

2. FULL NAME Matilda Loopa
(a) Residence. No. Unionville Mo. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred Small yrs. _____ mos. _____ ds. _____
(If nonresident, give city or town and State)
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
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Cotton?
7. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 3, 1855
8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
74 10 19

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

9. BIRTHPLACE (CITY OR TOWN) not known
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER not known
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known
(STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) not known
(STATE OR COUNTRY) not known

14. INFORMANT Home Records
Address State Hosp #2 St. Joseph Mo.

15. FILED 22 1930
John G. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 21, 1930
17. I HEREBY CERTIFY, That I attended deceased from June 22, 1930, to August 21, 1930, that I last saw her alive on August 20, 1930, and that death occurred, on the date stated above, at 1:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Enteritis
59
120 B (duration) yrs. _____ mos. 5 ds.

CONTRIBUTORY Diabetes Mellitis
(SECONDARY) (duration) yrs. 2 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Chin and Path findings
(Signed) George W. Forman M. D.

Aug 22, 1930 (Address) State Hosp #2 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 Asylum Cem
DATE OF BURIAL 8/22/30

20. UNDERTAKER [Signature]
ADDRESS 216 So 10th

