

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

Do not use this space.  
**33133**

**1. PLACE OF DEATH**

County Jackson Registration District No. 300  
Township KAN Primary Registration District No. Burnett Hotel 002  
City Kansas (No.         ) St.          Ward         

File No.           
Registered No. 4800

**2. FULL NAME**

Stella Matson ; Burnett Hotel  
(a) Residence. No. 701 E 9th St. 2 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>Martin Matson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 27 1882</u>		
7. AGE YEARS <u>47</u>	MONTHS <u>10</u>	DAYS <u>29</u>
IF LESS than 1 day, ..... hrs. or ..... min.		
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). (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Tulip Mo  
(STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>George Johnson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Morris County Mo</u>
	12. MAIDEN NAME OF MOTHER <u>Betty Davis</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Montgomery County Mo</u>

14. INFORMANT Martin Matson  
(Address) Burnett Hotel

15. FILED 10/28 3 M. M. Levine  
1930 REGISTRAR

**1 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 26 1930  
17. I HEREBY CERTIFY, That I attended deceased from Repaty Coronel, 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio  
995  
912  
CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
WAS THERE AN AUTOPSY? yes  
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy  
(Signed) Stanley M. Haef, M. D.  
10/26 1930 (Address) Repaty Coronel

\*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 Elmwood Cemetery DATE OF BURIAL Oct 29 1930  
20. UNDERTAKER Passantino Bros ADDRESS 2117 Indep. ave

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.

