NOV 26 1930

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

Do not use this space.

33859

File No.

Registered No. 428

1. PLACE OF DEATH
County Randolph Registration District No. 730
Township Primary Registration District No. 3034
City Moberly (No. 503 Woodland St. Ward)

2. FULL NAME William Alonzo Matthews
(a) Residence. No. 503 Woodland 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Jennie Matthews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 22nd 1869

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	61	9	6	

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER James H. Matthews
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) "
(STATE OR COUNTRY)

14. INFORMANT Robt. Matthews
(Address) Moberly, Mo

15. FILED 10-30, 1930 Dr. Thos. S. Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 28th 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 21st, 1930 to Oct 28th, 1930 that I last saw him alive on Oct 28th, 1930, and that death occurred, on the date stated above, at 8:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Peritonitis
127 B
129 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED 124 B
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. A. Anderson, M. D.
10-30th, 1930 (Address) Moberly 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	DATE OF BURIAL
Moberly, Mo	10-30th 1930
20. UNDERTAKER Mahan and Son	ADDRESS Moberly 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.

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