

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

Do not use this space.

38439

1930

PLACE OF DEATH
 County Atchison Registration District No. 19
 Township Clay Primary Registration District No. 5025
 City (No. St. Ward)

2. FULL NAME Laura C. Mattice
 (a) Residence. No. St. Ward. (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 4
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20, 1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 28
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

10. NAME OF FATHER Paul Capen Dutton
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
 12. MAIDEN NAME OF MOTHER Elizabeth Matheult
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Mr. P. G. Burman
 (Address) Rock Port Mo

15. FILED 12-8-30 Mary G. Chaudoin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-28-1930
 17. I HEREBY CERTIFY, That I attended deceased from 12-8-30 to 12-28-1930 that I last saw him alive on 12-28-1930, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Acute heart disease
45 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) Influenza
11 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
At place of death
 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Clinical
 (Signed) J. W. A. Gray, M. D.
 (Address) Watson Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Elm Wood Cemetery Jan 1 1931

20. UNDERTAKER ADDRESS
P. G. Burman Rock Port Mo

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.

