

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

Do not use this space.

6044

1. PLACE OF DEATH
 County Jefferson Registration District No. H 20
 Township DeSoto Primary Registration District No. 30 1/2 W
 City DeSoto (No. _____) St. _____ Ward _____

2. FULL NAME Mary Matthes
 (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 3 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 13

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF M. Charles Matthes

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29 - 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
30 | | 3

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) Hillsboro
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jacob Leutwyler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Mary Kubeli

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hillsboro
 (STATE OR COUNTRY) Mo.

14. INFORMANT William Leutwyler
 (Address) Hillsboro Mo.

15. FILED 75.31 1931
D. L. Nayffig
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan. 29, 1931, to Feb. 2, 1931 that I last saw her alive on Feb. 29, 1931, and that death occurred, on the date stated above, at 9 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
 (duration) 0 yrs. 0 mos. 6 ds.
 CONTRIBUTORY (SECONDARY) 1450
 (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? No.

WHAT TEST CONFIRMED DIAGNOSIS? usual clinical
 (Signed) Walter Gibson, M. D.
Mo., 1931 (Address) DeSoto 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 Hillsboro Cemetery DATE OF BURIAL Feb. 5 1931

20. UNDERTAKER Donnell B. Dietrich ADDRESS DeSoto

K. 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. FEB 23 1931

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

