Dr Reuber

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

Do not use this space.

12846

1. PLACE OF DEATH
County Scott
Township ~~Richland~~
City Sikeston (No. 1455 3 St. Ward)

Registration District No. 821
Primary Registration District No. ~~6070~~

File No. 35
Registered No.

2. FULL NAME Edward C Matthews
(a) Residence. No. North Kingshighway 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.

APR 27 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Nellie Matthews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 29 1885

7. AGE: YEARS 45 MONTHS 6 DAYS 26 If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Banker 131
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Scott Co, (STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Chas D Matthews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Madrid Co (STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Elizabeth Greer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Scott Co (STATE OR COUNTRY) Mo

14. INFORMANT Chas D Matthews (Address) Sikeston Mo

15. FILED 4/10/31 Walter E Dunn REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1931

17. I HEREBY CERTIFY, That I attended deceased from March 24, 1931, to March 24, 1931 that I last saw him alive on March 24, 1931, and that death occurred, on the date stated above, at 9 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

93C
94D Thrombosis - Coronary

(duration) + yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Myocarditis

(duration) 1 yrs. 11 mos. 25 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? Symptomatic & Electrocardiogram.

(Signed) H. E. Reuber M. D. O.
3/25 1931 (Address)

*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: Sikeston Mo
DATE OF BURIAL: 3/26 1931

20. UNDERTAKER: H J Welsh
ADDRESS: Sikeston Mo