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

13018

1. PLACE OF DEATH
County Worth — Registration District No. 1112 — File No.
Township Middle Fork — Primary Registration District No. 6213 — Registered No.
City (No. St. Ward)

2. FULL NAME Andrew Mattill

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Mattill
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1857 Oct 18
7. AGE Years 73 Months 5 Days 24 If LESS than 1 day, ...hrs. or ......min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Minister 197
(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) Iowa

PARENTS
10. NAME OF FATHER Andrew Mattill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany 10
12. MAIDEN NAME OF MOTHER B. Alplanalp
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
14. INFORMANT J. P. Bram (Address) Denver, Mo
15. FILED 3/25 1931 A. Andrews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1931
17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1931, to March 22, 1931, that I last saw him alive on March 21 1931, and that death occurred, on the date stated above, at 1:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
121
Uraemic Poison
132 (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 111
(duration) 3 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? Lab findings
(Signed) Louis A. Long, M.D.
, 19 (Address) Denver 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 Prairie Chapel — DATE OF BURIAL 3/24 1931
20. UNDERTAKER Bram Bros. — ADDRESS Denver

APR 27 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.