

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

Do not use this space.

1. PLACE OF DEATH

County Jasper
Township Katona
City Gould (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. 14577
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 315 E 4th St. 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jane M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
66 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 20 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME Harrett J. Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Nancy Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Allen P. Matthews

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph DATE 4-8-1931

19. UNDERTAKER (ADDRESS) W. H. ...

20. FILED 4/8 1931 W. H. ... Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-6-31

22. I HEREBY CERTIFY, That I attended deceased from 4-6-1931 to 4-6-1931.
I last saw him alive on 4-6-1931 Death is said to have occurred on the date stated above, at 10 P.M.

The principal cause of death and related causes of importance were as follows:

Acute neuritis
94A
87A

Other contributory causes of importance: Angina pectoris

Name of operation _____ Date of _____
What test confirmed diagnosis? 94A Was there an autopsy? _____

23. If death was due to external causes (violence), list in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____ (Signed) J. H. Johnson (Address) 305 1/2 Main, Joplin

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. MAY 25 1931

