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.

JUN 29 1931

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

Do not use this space.

19064

1. PLACE OF DEATH
County St Charles — Registration District No. 757 — File No.
Township St Charles — Primary Registration District No. 5998 — Registered No. 81
City (No. RR#4 - Box 28 St. Ward)

2. FULL NAME Charles Mathis
(a) Residence, No. RR#4 St Charles St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 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 Mary Krone
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1866
7. AGE YEARS 64 MONTHS 11 DAYS 10 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany. 10

FATHER
13. NAME William Mathis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
15. MAIDEN NAME Wilhelmina Weber
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Mary Mathis RR#4 St Charles Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove Cem. DATE May 20 1931
19. UNDERTAKER (ADDRESS) H. Dallmeyer & Sons 60 8002 2nd St St Charles Mo
20. FILED 5/19 1931 Hy. G. Bloebaum Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th 1931
22. I HEREBY CERTIFY, That I attended deceased from July 17, 1930, to May 17, 1931
I last saw him alive on May 17, 1931. Death is said to have occurred on the date stated above, at 3.55 P.m.
The principal cause of death and related causes of importance were as follows:
Carcinoma Stomach — Date of onset Unknown
46 B
Other contributory causes of importance:
Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?
23. If death was due to external causes (violence), fill 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? No.
If so, specify
(Signed) [signature], M.D.
(Address) 10 Washington St Charles Mo.