

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

Do not use this space.

31637

1. PLACE OF DEATH

County Jasper Registration District No. 413
 Township Mineral Primary Registration District No. 5559c
 City Webb City, (No.) St. Ward)

File No.
 Registered No. 2926

2. FULL NAME

Andrew Mathis
 (a) Residence, No. 712 Moffett Ave. Ward. Joplin mo
 (Usual place of abode)
 Length of residence in city or town where death occurred Joplin 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 Mattie Mathis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 Mo. 23

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

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) Arkansas

FATHER 13. NAME Jr. Hugh Mathis.

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

MOTHER 15. MAIDEN NAME Orley Abercrombie

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carolina

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin mo DATE 9/10 1931

19. UNDERTAKER (ADDRESS) Hulburt, Joplin

20. FILED Sept 17 1931 J. Q. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 8. 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 4-8, 1931.

I last saw him alive on Sept. 8, 1931. Death is said to have occurred on the date stated above, at.....m.

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

Chronic Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis? Lab. 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?.....
 If so, specify

(Signed) R. M. Stornant, M. D.
 (Address) Webb City, Mo

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.

901 24 1931

