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

Do not use this space.

35418

File No. .....

Registered No. 900

1. PLACE OF DEATH

County: Randolph — Registration District No.: 735

Township: ..... — Primary Registration District No.: 3134

City: Moberly (No.) 334 E. Rollins St. (Ward)

2. FULL NAME: Fred Mathias

(a) Residence, No. 334 E. Rollins St., ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred almost entire life 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: Nellie Mathias

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 18-1879

7. AGE: Years 52 — Months 1 — Days 15 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): about 2 weeks prior to death

11. Total time (years) spent in this occupation: 31

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

FATHER

13. NAME: Nicholas Mathias

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): France

MOTHER

15. MAIDEN NAME: Margaret Preston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT (ADDRESS): Mrs. Fred J. Mathias Moberly Mo.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Moberly Mo. DATE 10-6-1931

19. UNDERTAKER (ADDRESS): Madigan & Son Moberly Mo.

20. FILED 10/5 1931 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 3 — 1931

22. I HEREBY CERTIFY, That I attended deceased from 3rd Oct 1931, to 3rd Oct 1931

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:15 P.m.

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

Do not record Dead when I first saw him. Have had France Pston this at least cause of death

Date of onset

Other contributory causes of importance: LOOA

Name of operation ..... 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? No 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? None

If so, specify .....

(Signed) J. B. Megel, M. D.

(Address) Moberly, Mo.

WHITE PLAINS, 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.

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