

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

Do not use this space.

41213

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 10102
 City K 6 mo (No. 1504 6 10) St. St Ward

File No. _____
 Registered No. 5202
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1504 6 10 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-27-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
 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) mo

FATHER 13. NAME Des. Matthews

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

MOTHER 15. MAIDEN NAME Bettie

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

17. INFORMANT (ADDRESS) Jennie Matthews
1504 6 10 St

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE Jan 2 1931

19. UNDERTAKER (ADDRESS) Watkins Bros
K 6 mo

20. FILED 1/31 1931 M. M. Crane Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/31 1931

22. I HEREBY CERTIFY, that I attended deceased from June 6, 1931, to Dec 31, 1931
 that saw him alive on Jan 30, 1931 Death is said to have occurred on the date stated above, at 5:00 P m.

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

Cancer of Stomach
462 46B
 Date of onset _____

Other contributory causes of importance: _____

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? _____ 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) T. R. Matthews, M. D.
 (Address) 1216 24th St

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.

WITH OPAID INK—THIS IS A PERMANENT RECORD

