

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

Do not use this space.

3479

1. PLACE OF DEATH  
 County Texas Registration District No. 862  
 Township Burdine Primary Registration District No. 6135  
 City Cabool (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Thomas Celand Matherly  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 41 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 Margaret Matherly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1852

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>79</u>	<u>8</u>	<u>29</u>	

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

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) April 1931 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Merces Co Ky 2

FATHER  
 13. NAME Clayton Matherly  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER  
 15. MAIDEN NAME Lilitha Luman  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT L V Matherly  
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo (DATE) Jan 3, 1932

19. UNDERTAKER (ADDRESS) Raymond W. Elliott Cabool Mo  
Jan 5, 1932 Q. W. Swob Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 2, 1931, to Jan 3, 1932

I last saw him alive on Jan 3, 1932 Death is said to have occurred on the date stated above, at 9.7 m.

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

Myocardial Insufficiency Date of onset Jan 1, 1931

Other contributory causes of importance: 92 lb wt

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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) Dr. Edens, M. D.  
 (Address) Cabool 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.

FEB 25 1932  
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