

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

Do not use this space.

5380

1. PLACE OF DEATH

62 County Madison Registration District No. 538
Township Park Primary Registration District No. 0734
City (No. _____) St. _____ Ward _____

File No. 19
Registered No. _____

2. FULL NAME

Hattie Mattingly
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>William Mattingly</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 16 - 1890</u>		
7. AGE	YEARS <u>41</u>	MONTHS <u>5</u>
	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>2 1/2</u>	
	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) <u>Madison Co. Mo.</u>		
FATHER	13. NAME <u>Andrew LaChance</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Laura LaChance</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co Mo.</u>	
17. INFORMANT (ADDRESS) <u>William Mattingly, Fredericktown Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Michael Fredericktown 3/1/02</u>		
19. UNDERTAKER (ADDRESS) <u>Ed. Heffelfinger, Fredericktown Mo</u>		
20. FILED <u>2-29-02</u> 19 <u>02</u> <u>C. H. Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 28 1902

22. I HEREBY CERTIFY, That I attended deceased from Feb 24 1902 to Feb 27 1902. I last saw her alive on Feb 27 1902. Death is said to have occurred on the date stated above, at 10 m. The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset _____
23A
107A

Other contributory causes of importance:
Tubercular of Lungs

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? 1 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) C. H. Jones M. D.
(Address) Fredericktown Mo

WRITE CLEARLY, 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.

MAR 24 1902

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