

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

Do not use this space.

6646

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp..... Primary Registration District No. 11008  
 City..... (No. City Hospital #1) St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3730<sup>4</sup> Lincoln St., 11 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>Male</u>	4. COLOR OR RACE <u>White</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>Mary Matson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 13-1856</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Cook</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Angelo Restaurant</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation..... <u>10</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexandria Ohio</u>		
MOTHER	13. NAME <u>Jessie Matson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
	15. MAIDEN NAME <u>Susie Lewis</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT <u>Mrs Mary Matson</u> (ADDRESS) <u>3730<sup>4</sup> Lincoln</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CANARY</u> DATE <u>Feb 24 1932</u>		
19. UNDERTAKER <u>Benziek - Richards</u> (ADDRESS) <u>1138 N. 6th St. St. Louis</u> <u>FEB 22 1932</u>		
20. FILED _____ 19. <u>Mar 2 1932</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1932  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw h..... alive on....., 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7:50 P.M.  
 The principal cause of death and related causes of importance were as follows:  
 Received Haemorrhage due to fractured skull received in fall down steps at residence. 1928  
 Other contributory causes of importance: Accident 8th 1928  
 Name of operation..... Date of.....  
 What test confirmed diagnosis?..... Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 2/12, 1932  
 Where did injury occur? St. Louis Ind.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
In Home  
 Manner of injury Fall down steps  
 Nature of injury Fractured skull  
 24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Ferriss  
 (Address) Dep. Coroner

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

