

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

Do not use this space.

• 8376

**1. PLACE OF DEATH**

County Linn

Registration District No. \_\_\_\_\_

Township Beckwith

Primary Registration District No. \_\_\_\_\_

City Keosauqua

(No. 2)

Gen Hosp # 2

File No. \_\_\_\_\_

Registered No. 952

St. \_\_\_\_\_

Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2202 E 18<sup>th</sup> 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

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

Jennie Mathews

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

unknown

7. AGE

YEARS 63

MONTHS -

DAYS -

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Watchman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

182

10. Date deceased last worked at this occupation (month and year)

Jan

11. Total time (years) spent in this occupation

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

Louisiana

FATHER

13. NAME

Washington Mathews

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

unknown

MOTHER

15. MAIDEN NAME

unknown

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

unknown

17. INFORMANT (ADDRESS)

Jennie Mathews  
2202 E 18<sup>th</sup> St

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Home

DATE

3-5

19

19. UNDERTAKER (ADDRESS)

H. B. Crowe  
1820 E 18<sup>th</sup> St

20. FILED

3-9-19

19

3:30 P.M.

M. Crowe

Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-3-19

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Cerebro-spiinal meningitis

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) Dr. J. B. Crowe

M. D.

(Address) Keosauqua

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.

