

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

Do not use this space.

9204

1. PLACE OF DEATH

County Macon Registration District No. 970
 Township Jackson Primary Registration District No. 5702
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 - 1853

7. AGE YEARS 76 MONTHS 7 DAYS 6 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Oct - 1930 11. Total time (years) spent in this occupation Lifetime

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

FATHER 13. NAME John Mattes

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

MOTHER 15. MAIDEN NAME Hollis Coffey

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

17. INFORMANT Jas H Mattes (ADDRESS) Medina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE H. Mans DATE Mar

19. UNDERTAKER Albert Skinner (ADDRESS) Macon Mo

20. FILED _____ 19 _____ Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Nov-10-1930 to Feb-5-1932. I last saw him alive on Feb-5-1932. 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:

Carcinoma of sigmoid colon Date of onset 1930

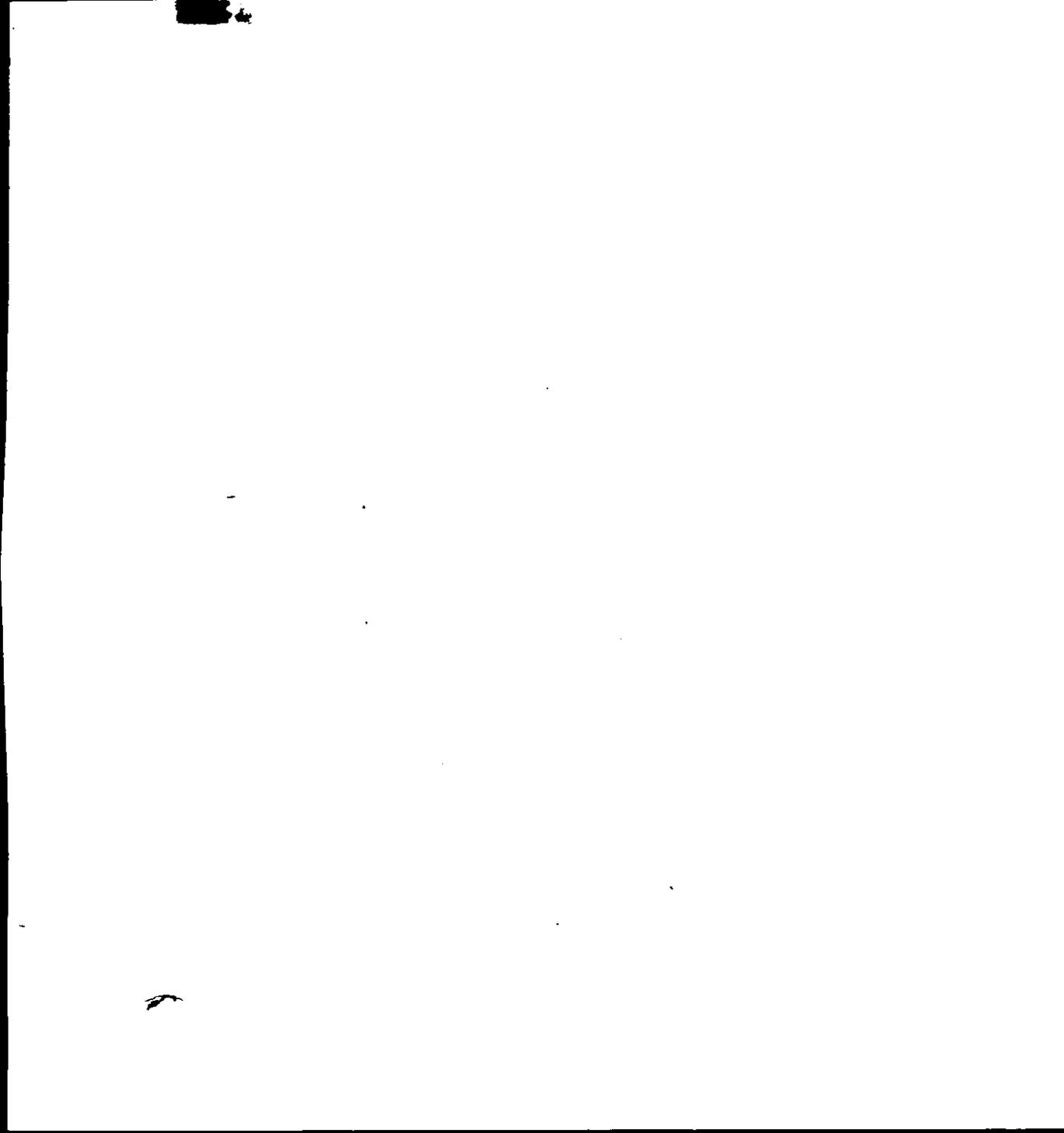
Other contributory causes of importance: 46C 123B 46C 7/11/32

Name of operation Celestomy Date of Nov-1931
 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) A. F. Gamba, M. D.
 (Address) Atlanta Mo



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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 970 File No. 1
Township Jackson Primary Registration District No. 5707 Registered No. 1
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____ (If nonresident, give city or town and State)
(Usual place of abode)

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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 7 07

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Oct 1930 11. Total time (years) spent in this occupation.

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

MOTHER FATHER 13. NAME John Mettes

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

15. MAIDEN NAME Halle Apple

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

17. INFORMANT Jos. H. Mettes (ADDRESS) Edina Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Mar 5 1932

19. UNDERTAKER Albert Skinner (ADDRESS) Macon Mo

20. FILED H-4 19 32 D A Nickell Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 10 1930 to Feb 5 1932

I last saw him alive on Feb 5 1932 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:
Carcinoma of sigmoid colon Date of onset 1930

Other contributory causes of importance: none

Name of operation Colostomy Date of Mar 1932

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?
If so, specify _____

(Signed) A. L. Cambre, M. D.
(Address) Atlanta Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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