

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

Do not use this space.

17010

1. PLACE OF DEATH

78 County Deming
Township Little River
City (No.) Ward

Registration District No. 1099
Primary Registration District No. 5868

File No.
Registered No.
St. Ward

2. FULL NAME

Doyle Manuel Mathias

(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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-2-1931

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

1	3	25	
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

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) Deming Co., Mo.

13. NAME Harry Mathias

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deming Co. Mo.

15. MAIDEN NAME Mabel Young

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

17. INFORMANT (ADDRESS) N. S. Huffstader

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE 2-28-1932

19. UNDERTAKER (ADDRESS) Wentworth Supply Co

20. FILED 5-10-1932 Opal Weese Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-27-1932

22. I HEREBY CERTIFY, That I attended deceased from May 24, 1932 to May 27, 1932
I last saw him alive on May 26, 1932 Death is said to have occurred on the date stated above, at 8:00 A.M.
The principal cause of death and related causes of importance were as follows:
Colitis

Date of onset 5-24-32

Other contributory causes of importance

Name of operation

What test confirmed diagnosis Physiologic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?

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) J. L. M. Galt, M. D.
(Address) Wentworth 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.

JUN 24 1932

