

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

Do not use this space.

18954

1. PLACE OF DEATH

19 County Cass Registration District No. 156
 8 Township Grand River Primary Registration District No. 4090
 2 City Harrisonville (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 28
 St. _____ Ward _____

2. FULL NAME

Winnie Catherine Matteson
 (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 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3-SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert Matteson
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 2-1853
 7. AGE YEARS 79 MONTHS 2 DAYS 17 If LESS than 1-day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home-maker
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 13. NAME Matthew Tucker
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT A. D. Matteson
 (ADDRESS) Industrial City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill Mo. DATE 6/21 1932
 19. UNDERTAKER Munzenberger Bros
 (ADDRESS) Harrisonville Mo.
 20. FILED June 20th 1932 A. S. Long Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 19, 1932

22. I HEREBY CERTIFY That I attended deceased from May 12, 1930, to Jan 18, 1932
 I last saw him alive on Jan 21, 1932 Death is said to have occurred on the date stated above, at 8:30 P. am.

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

Chronic cystitis Date of onset _____

Other contributory causes of importance:

Name of operation _____ Date of _____
 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) J. S. Triplett M. D.
 (Address) Harrisonville Mo.

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.

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