

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.

OCT 27 1932

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

Do not use this space.

29826

1. PLACE OF DEATH
 66 County Miller Registration District No. 364
 Township 2 Primary Registration District No. 3758
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Stanley Beyond Mathew
 (a) Residence, No. _____ Sy. _____ 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) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-5-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 23

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

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tulsa Okla
 13. NAME Charles Beyond Mathew
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla
 15. MAIDEN NAME A Virginia work man
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT C. J. Mathew
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tulsa Okla DATE 9-28 1932

19. UNDERTAKER Wright
 (ADDRESS) _____

20. FILED 3-28-32 1932 J. H. K...
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-20 1932 to 9-27 1932
 I last saw him alive on 9-26 1932 Death is said to have occurred on the date stated above, at 8:4 m.
 The principal cause of death and related causes of importance were as follows:
Bronchitis
106 C
106 A
Bronchitis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ceph 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) J. H. K... M. D.
 (Address) Tulsa Okla

