

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

Do not use this space.

29953

**1. PLACE OF DEATH**

76 County Osage Registration District No. 640  
Township Crawford Primary Registration District No. 3849  
City Mont Hill (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 21  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Gilbert Mathews

(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) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Molly Mathews  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12 1858  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 4 24  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. veterian+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) Aug. 10 1932 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co. Mo. 1

13. NAME Ellick Mathews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee 2

15. MAIDEN NAME Biddy Boyce

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

17. INFORMANT (ADDRESS) Delbert G. Mathews  
Mont Hill Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Harris Cemetery DATE Sept 6 1932

19. UNDERTAKER (ADDRESS) Lepton Pruitt  
Chambers Mo

20. FILED Sept 5 1932 Ans Dora Gett Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr. 29 1932 to Sept 4 1932  
I last saw him alive on Sept 4 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Endocarditis acuti- Date of onset \_\_\_\_\_  
91A  
106A 9/10  
Other contributory causes of importance: Bronchitis acuti ①

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) J. D. Rowley M. D.  
(Address) Chambers 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.

MOCT 28 1932

