

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.

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

Do not use this space.

36357

1. PLACE OF DEATH

61 County Macon Registration District No. 528
 3 Township Callao Primary Registration District No. 4314
 1 City Callao (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Ruth Eris Mathis
 (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 25 yrs. 6 mos. 22 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1907

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>25</u>	<u>6</u>	<u>22</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nurse 217
 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) Dec. 1930 11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yale, Mo.

FATHER
 13. NAME Spencer B. Mathis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callao, Mo.

MOTHER
 15. MAIDEN NAME Elizabeth Ann Moss

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Colorado 2

17. INFORMANT Lucille Mathis Fritter,
 (ADDRESS) Callao, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Callao, Mo. DATE Nov. 20 1932

19. UNDERTAKER Ferry & Brown
 (ADDRESS) Callao, Mo.

20. FILED Nov 26 1932 W. A. McE...
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 9 1932, to Nov. 25 1932

I last saw her alive on Nov. 24 1932 Death is said to have occurred on the date stated above, at 8:15 a.m.

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

Tuberculosis of the Lungs.
23A
 Other contributory causes of importance: 3

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? no

If so, specify _____
 (Signed) W. A. McE..., M. D.

(Address) Callao, Mo.

