

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. **JAN 24 1933**

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

Do not use this space.

40332

**1. PLACE OF DEATH**

51 County Johnson Registration District No. 427  
 Township Madison Primary Registration District No. 5582  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Mark L. Mattot  
 (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 1 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samantha Mattot  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 10 - 1867  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 1 12

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
 10. Date deceased last worked at this occupation (month and year) May 1932  
 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 2

MOTHER FATHER  
 13. NAME Riley Mattot 5

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Bett Williams

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

17. INFORMANT Samantha Mattot  
 (ADDRESS) Halder 2nd

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Halder Cemetery DATE Dec 25, 1932

19. UNDERTAKER John H. Murray  
 (ADDRESS) Halder 2nd

20. FILED Dec. 24, 1932 Edmond Andrews, Jr.  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22 Dec 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec 22, 1932  
 I last saw him alive on Dec 22, 1932. Death is said to have occurred on the date stated above, at 9:27 a.m.  
 The principal cause of death and related causes of importance were as follows:

Purpura Nephretic  
131  
131  
 Other contributory causes of importance: H 1  
 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) J. L. Simpson, M. D.  
 (Address) Halder 2nd

