

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.

MAY 22 1933

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

Do not use this space.

122222

1. PLACE OF DEATH

County Adair

Registration District No. 4

Township

Primary Registration District No. 3001

City Rockville

File No.

Registered No. 80

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

F

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)

Sept 24 1933

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

6

7

1

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

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

Rockville Mo

13. NAME

Wallace Matlock

FATHER

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

Rockville Mo

MOTHER

15. MAIDEN NAME

Nellie Bergholtz

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

Rockville Mo

17. INFORMANT (ADDRESS)

Nellie Matlock

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockville Mo

DATE April 27, 1933

19. UNDERTAKER (ADDRESS)

W. E. Sumner, R. O.

20. FILED 4/28-1933

Mrs C. H. Becker
Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

Apr 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1933 to Apr. 25, 1933

I last saw him alive on Apr. 25, 1933 Death is said

to have occurred on the date stated above, at 7:30 am

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

Pneumonia, complicating Acute operative Mastoiditis

Broncho-pneumonia

Other contributory causes of importance

Name of operation Mastoidectomy

Date of 4/22/33

What test confirmed diagnosis? Pat. Test. 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)

(Address)

A. C. Hardy
R. C. O. S. Hoop, Rockville, Mo.

M. D.

1933- 4- 25
1926- 9- 24
6- 7- 1