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.

APR 24 1933

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

Do not use this space.

13913

1. PLACE OF DEATH

64 County Marion — Registration District No. 548.

Township — Primary Registration District No. 4323.

2 City Palmyra (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2 2. FULL NAME Eva Horuback Matthews

(a) Residence, No. Palmyra Mo St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dr. D. H. Matthews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-1-1855

7. AGE: YEARS 78 — MONTHS 3 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At home

10. Date deceased last worked at this occupation (month and year) Invalid

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Macon Co. Missouri.

FATHER

13. NAME: Michael Horuback

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bourbon Co. Kentucky.

MOTHER

15. MAIDEN NAME: Nancy G. Holliday

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Shelbyville Missouri.

17. INFORMANT (ADDRESS): Mrs. P. A. Thomas Palmyra Mo.

18. BURIAL, ~~CREMATION~~, OR ~~REMOVAL~~ PLACE Macon Mo. DATE Apl 5 1933

19. UNDERTAKER (ADDRESS): Albert Skinner Macon Mo.

20. FILED Apr. 4th 1933 Gertrude Lee Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 2 1933

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1933, to April 2, 1933. I last saw her alive on April 2, 1933. Death is said to have occurred on the date stated above, at 6 a.m.

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

Chronic Myocarditis — Date of onset ✓

93 / 13

Other contributory causes of importance:

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? No.

If so, specify ✓

(Signed) F. D. Wolfe, M. D.

(Address) Palmyra Mo.