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.

AUG 26 1933

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

Do not use this space.

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 85 — File No. 22349

5 Township — Primary Registration District No. 1001 — Registered No. 679

City St.Joseph, (No. Mercy Hospital St. Ward)

9 2. FULL NAME Mattie B.George

(a) Residence, No. 1124 No.5th.St. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug,27,1900

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	32	10	8	

OCCUPATION

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

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) Jan,1933

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tazewell Co, Va.

FATHER

13. NAME Reece Kinder

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tazewell Co, Va.

MOTHER

15. MAIDEN NAME Maggie Katron

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tazewell Co, Va.

17. INFORMANT (ADDRESS) Mrs.C.H.Stonebreaker 502 So.16th.St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park Cem. DATE July,7,1933,19

19. UNDERTAKER (ADDRESS) Walter Meierhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 7-6-1933 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July,5,1933, 19

22. I HEREBY CERTIFY, That I attended deceased from July 2 1933 to July 6, 1933
I last saw her alive on July 6, 1933 Death is said to have occurred on the date stated above, at 7.15 A.M.
The principal cause of death and related causes of importance were as follows:

Endocarditis Chronic Unknown — Date of onset

131
92

Other contributory causes of importance: Chronic Nephritis

131

Name of operation (Pleurisy) Date of
What test confirmed diagnosis? (Laboratory) 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) H. N. Tospon D.O.
(Address) First State Bank Bldg. St.Joseph,Mo.