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
County Nodaway — Registration District No. 625 — File No. 23958
Township Polk — Primary Registration District No. 3031 — Registered No. 77
City Maryville (No. ..., ... St. ..... Ward)

2. FULL NAME Elizabeth C. Matteson
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James B. Matteson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 30, 1857

7. AGE: YEARS 76 — MONTHS 2 — DAYS 17 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Grant City, Mo.

FATHER
13. NAME: Sidney Speir
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Sarah J. Davis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pa.

17. INFORMANT (ADDRESS): Jas. B. Matteson

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grant City, Mo. DATE July 18, 1933

19. UNDERTAKER (ADDRESS): Price Furniture Co. Maryville, Mo.

20. FILED 7-18, 1933 Mamie E. Clardy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 17, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 30th, 1932, to July 17th, 1933. I last saw her alive on July 14th, 1933. Death is said to have occurred on the date stated above, at 5 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Intestines	Sept. 1932

Other contributory causes of importance:
460
1738

Name of operation Colostomy for Obstruction Date of Oct. 2nd 1932
What test confirmed diagnosis? Symptoms & 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. Home
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify —
(Signed) Chas. V. Martin, M. D.
(Address) Maryville, Mo

OCT 24 1946