

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

Do not use this space.

25560

1. PLACE OF DEATH

County Barry Registration District No. 29
Township Jerusalem Primary Registration District No. 5048
City (No. _____) _____ St. _____ Ward _____

File No. _____
Registered No. 47 St. _____ Ward _____

2. FULL NAME

Dessie May Mathes
(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 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) single
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
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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) Barry Co., Mo.

13. NAME Earnest Mathes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.

15. MAIDEN NAME Mary Thomas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co., Mo.

17. INFORMANT Earnest Mathes
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Leam Mo. DATE Aug. 25 1933

19. UNDERTAKER none employed
(ADDRESS) _____

20. FILED Oct 1 1933 Mrs. H. R. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 23 1933, to Aug 24, 1933.
I last saw her alive on Aug 23, 1933. Death is said to have occurred on the date stated above, at 7 P. m.

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

Premature birth

Other contributory causes of importance: 159 159

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) Thomas D. Miller, M. D.
(Address) Aurora, Mo.

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.

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OCT 20 1933

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