

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

Do not use this space.

25926A

1. PLACE OF DEATH

22 County Christian Registration District No. 184
Township North Union Primary Registration District No. 5257
City Cherryvale (No. 70)

File No.
Registered No. 40
St. Ward)

2. FULL NAME

Rachael Mathews

(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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widow</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 20, 1850</u>				
7. AGE	YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>22</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933 to Aug 12, 1933
I last saw him alive on Aug 11, 1933 Death is said to have occurred on the date stated above, at 9 a. m.

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

Chronic Myocarditis Date of onset 1930

930
Other contributory causes of importance

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

13. NAME
R. Clayton

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

15. MAIDEN NAME
Information not available

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Information not available

17. INFORMANT
Albert Mathews
(ADDRESS) Cherryvale, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Not affected DATE Aug 12, 1933

19. UNDERTAKER (ADDRESS)
T. B. R. Rapp
0321st. Ind.

20. FILED Nov 3, 1933 Rich Garrison Registrar.

Name of operation Date of
What test confirmed diagnosis Phys. ex. 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. J. W. ... M. D.
(Address) Cherryvale, Mo.

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.

NOV 19 1933

Mary Josephine Murphy Miller Jones

his mother's name
" Foster " Jones