

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

Do not use this space.

26443

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. WESLEY HOSPITAL)

Registration District No. 345
Primary Registration District No. 300 A

File No. 3172
Registered No. 3172
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Mathews deceased

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10 1851

7. AGE YEARS 82 MONTHS 2 DAYS 27 If LESS than 1 day, _____ hrs. _____ min.

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

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) Germany

13. NAME Mathews

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

15. MAIDEN NAME Mathews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Maude Ritter (ADDRESS) Hyggemarth

18. BURIAL, CREMATION, OR REMOVAL PLACE Hyggemarth DATE 8/8 1933

19. UNDERTAKER W. J. ... (ADDRESS) Hyggemarth

20. FILED Aug 7 1933 M. M. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3, 1933 to Aug 7, 1933

I last saw her alive on Aug 7, 1933 Death is said to have occurred on the date stated above, at 11 P. M.

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

Empyema of gall bladder (ruptured)

Date of onset 12 days
Symptom 2 yrs.
Acute 1 week
2 weeks

Other contributory causes of importance: _____

Name of operation Surgical drainage Date of Aug 4, 1933
What test confirmed diagnosis? operation 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) J. J. Mackey, M. D.
(Address) 3719 Wood, K.C., 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.

SEP 26 1933

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