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

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

Do not use this space.

27372

1. PLACE OF DEATH

86

County Putnam — Registration District No. 720 — File No.

Township Grant — Primary Registration District No. 6234 — Registered No. 9

City Unionville (No. ..... St. ..... Ward)

2. FULL NAME John N 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: Male
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: Velma Mathes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 2 - 1868

7. AGE: YEARS 64 — MONTHS 10 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farm

10. Date deceased last worked at this occupation (month and year): January 1933

11. Total time (years) spent in this occupation: all

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Putnam Co Missouri

FATHER

13. NAME: Enoch Mathes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

MOTHER

15. MAIDEN NAME: Susann Pickenzaugh

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Velma Mathes Tenonia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: McCune Cemetery DATE: Aug 16 1933

19. UNDERTAKER (ADDRESS): Comstock Mere Co Unionville Mo

20. FILED: Sept 8, 1933 E. E. McClellan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug-13, 1933, to Aug-15, 1933

I last saw her alive on Aug-14, 1933. Death is said to have occurred on the date stated above, at 5 PM.

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

	Date of onset
Carcinoma of face	1931

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) P. V. Hart, M. D.

(Address) Coatsville Mo