

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

Do not use this space.

39621

JAN 26 1934

1. PLACE OF DEATH
County Daviess Registration District No. 254
Township Penton Primary Registration District No. 4154
City Pattonsbure, Mo (No. _____) St. _____ Ward _____

2. FULL NAME Matthew Henry Mott
(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Florence Mott (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7/1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 11 22

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

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) Ind

13. NAME Silas Simion Mott

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

15. MAIDEN NAME Katheron Etter

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

17. INFORMANT S. F. Mott
(ADDRESS) Pattonsbure, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F Pattonsbure, Mo DATE 12/30/33 19 _____

19. UNDERTAKER Edstrom
(ADDRESS) Pattonsbure, Mo

20. FILED 12-30-33 19 _____ Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/33, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1933 to Dec 29, 1933
I last saw him alive on 12/28 11-33 P. M. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Arteriosclerosis & Chronic nephritis Date of onset _____

Other contributory causes of importance:
13/97

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.

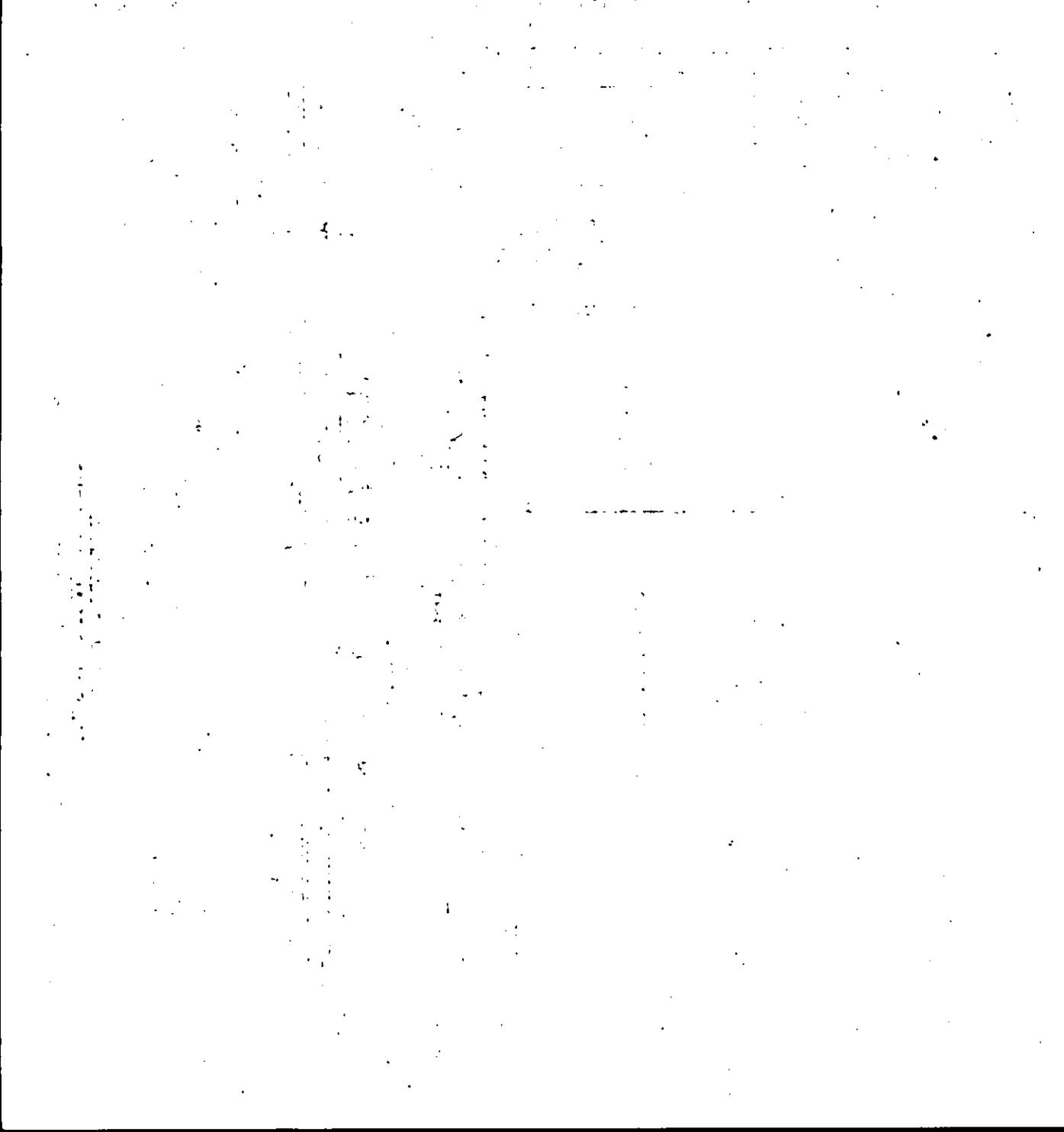
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____, M. D.
(Signed) Frank Hedg's
(Address) Pattonsbure, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FATHER MOTHER

OCCUPATION



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene
Township Clinton
City (No.)

Registration District No. 254
Primary Registration District No. 4154

File No.
Registered No.
St. Ward

2. FULL NAME

(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.

Matthew Henry Matt

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) w

5A. 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.

OCCUPATION
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)

MOTHER FATHER
13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 / 29 / 1939

22. I HEREBY CERTIFY, That I attended deceased from to , 19

I last saw h. alive on , 19 . Death is said to have occurred on the day stated above, at m.

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

 Date of onset
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?
If so, specify

(Signed) , M. D.

(Address)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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