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.

APR 25 1934

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

Do not use this space.

11574

1. PLACE OF DEATH
County Scott
Township [illegible]
City Sikeston (No. ..... St. ..... Ward)

Registration District No. 821
Primary Registration District No. 6070

File No. 38
Registered No. .....

2. FULL NAME John A Matthews
(a) Residence, No. Sikeston, Mo. St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annie Hatcher Matthews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17 - 1864

7. AGE: YEARS 69 | MONTHS 8 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager Stock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & wagon ward.
10. Date deceased last worked at this occupation (month and year) 2/1/34
11. Total time (years) spent in this occupation —

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid County Mo.

FATHER
13. NAME Charles Matthews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Ellis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County Mo.

17. INFORMANT (ADDRESS) Caleb Matthews Oran, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sikeston Mo. DATE Mar 17, 1934

19. UNDERTAKER (ADDRESS) H J Welsh Sikeston Mo.

20. FILED 4/10/34 Walter E Dirus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mch. 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec Feb 1, 1934, to Mch 15th, 1934
I last saw him alive on Mch. 15, 1934. 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:

	Date of onset
Carcinoma of Pancreas	
46 F	

Other contributory causes of importance: 46

Name of operation Exploratory of pride Date of Feb 34
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? No
If so, specify .....
(Signed) A A Mayfield, M. D.
(Address) Sikeston Mo