

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

Do not use this space.

17055

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City K.C. Mo (No. 2116 Kansas Ave)

Registration District No. 303  
Primary Registration District No. \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 2434  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Frank J. Mathies  
(a) Residence, No. 2116 Kansas Ave, 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lizzie Mathies

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-8-1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>7</u>	<u>21</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. <u>Accountant</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>	
10. Date deceased last worked at this occupation (month and year)		

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

FATHER 13. NAME Henry Mathies

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

MOTHER 15. MAIDEN NAME Sophia Miller

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

17. INFORMANT (ADDRESS) Lizzie Mathies  
2116 Kansas Ave, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6/21/34

19. UNDERTAKER (ADDRESS) Mrs. E. L. Foster  
918 Broadway, Ave

20. FILED 6-2 1934 M. M. Crove Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-29-1934

22. I HEREBY CERTIFY, That I attended deceased from 12.20 1934 to 5.30 1934

I last saw him alive on 5.10 1934 Death is said to have occurred on the date stated above, at 8:20 AM

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

Chronic Heart Disease  
Chronic Endocarditis  
756

Other contributory causes of importance:

756  
972  
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) J. R. Hall, M. D.  
(Address) 626 Labarge

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.

JUL 17 1934

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