

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

Do not use this space.

JUL 17 1934

**PLACE OF DEATH**

County Clay  
Township Gallatin  
City No. Kansas City, Mo.

Registration District No. 197  
Primary Registration District No. 5276  
Rome

File No. 19848  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary B. Matthews  
(a) Residence, No. No. Kansas City, Mo. R 4 Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Fe 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF D. W. Matthews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5-1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Milano, Ill.

13. NAME N. D. Bradley

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

15. MAIDEN NAME E. Dickson

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

17. INFORMANT Mrs. Jessie M. Cullen (ADDRESS) No. K.C., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Island Ill. DATE June 27, 1934

19. UNDERTAKER Walter Funeral Home (ADDRESS) No. Kansas City, Mo.

20. FILED June 20, 1934 Viola E. Murr Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from January 19, 34, to June 20, 1934

I last saw her alive on June 19, 1934 Death is said to have occurred on the date stated above, at 4:20 p.m.

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

Cerebral Hemorrhage Date of onset 1-1934  
Chronic Heart Failure 3-1934  
89 D.

Other contributory causes of importance Senility  
Chronic Myocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chim. 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 \_\_\_\_\_

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) Harry R. Staley, M. D.

(Address) North Kansas City, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MOTHER FATHER

