

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

Do not use this space.

**1. PLACE OF DEATH**

County Randolph  
Township  
City Moberly (No. W. Coates St.)

Registration District No. 735  
Primary Registration District No. 3934

File No. 21554  
Registered No. 72  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Ethel Matlock

(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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>1</u>	<u>29</u>	

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. General House work

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) Randolph Co

13. NAME Frank Matlock

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

15. MAIDEN NAME Melida Emerson

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

17. INFORMANT Mrs Frank Matlock (ADDRESS) Cont at Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cemetery June 4, 1934

19. UNDERTAKER Tom B. Patton (ADDRESS) Moberly Mo

20. FILED 6/4 1934 Virginia Walker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

I HEREBY CERTIFY That I attended deceased from Coroner's List Moberly Mo 19\_\_\_\_  
I last saw White Jones called on \_\_\_\_\_ 19\_\_\_\_ 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:

Spinal injury from a fractured spine - supposed to be traumatic or fell from and auto mobile one May 30th so of moberly  
Other contributory causes of importance: and relief June 1st 2nd 1934

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. M. Matlock (Coroner)  
(Address) Moberly Mo

N. B.—Every certificate of death should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH IN

7-2 1034

1 2 3 4 5 6 7 8 9 10 11 12

U S G O V E R N M E N T

**AUG 2 1946**

Randolph

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Ethel Mallock

Who died at Moberly on June 2 - 1934

Residence: No. \_\_\_\_\_ St. \_\_\_\_\_  
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex F Color or race Black Single, married, widowed or divorced: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age: Years 32 Months 1 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_ (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

Date deceased last worked at this occupation: Month \_\_\_\_\_ Year 1935

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

Principal cause of death: Fract skull - through or feet from auto (no coroner's inquest held - undetermined whether homicidal or accidental)

Other contributory causes of importance \_\_\_\_\_

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

What test confirmed diagnosis? no diagnosis made Was there an autopsy? no

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 \_\_\_\_\_

Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

Name of physician J. Maddox (Coroner)

Address of physician Virginia Walker

Signature of Registrar \_\_\_\_\_

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 735

Primary Reg. Dist. No. 3034

Very truly yours,  
E. T. Mc Gaugh M.D.

Special Agent.

Item of information should be carefully explained in plain terms, so that it may be understood by the layman.

5-21554

FORM NO. 10 (REV. 11-15-58)  
GSA GEN. REG. NO. 27  
MAY 1962 EDITION  
GSA FPMR (41 CFR) 101-11.6

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