

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

Do not use this space.

1. PLACE OF DEATH

County Howell
Township Cayfield, Mo
City Cayfield, Mo

Registration District No. 386
Primary Registration District No. 35-38

File No. 32663
Registered No. 9
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE wht 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

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

7. AGE 78 YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

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

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) North Carolina (STATE OR COUNTRY) North Carolina

13. NAME Mr. Matthews

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Earl Malcolm Worsoplane, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Springs DATE Sept 20, 1934

19. UNDERTAKER (ADDRESS) B. W. Caslap

20. FILED Sept 2, 1934 Fannie B. Black Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 27 1934 to Sept 1 1934

I last saw him alive on Aug 29 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Inflammation of prostate gland with infection of urine. Date of onset 1/31

Other contributory causes of importance: Enlargement of prostate for past 10 or 15 yrs

Name of operation Catheterized Date of 8-7
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 None
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) C. A. Beach, M. D.
(Address) Cajon, Mo.

N. H. - 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.

