

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

Do not use this space.

OCT 19 1934

1. PLACE OF DEATH

County Barry Registration District No. 29
Township 7 lat creek Primary Registration District No. 3038
City (No.) St. Ward)

File No. 35138
Registered No. 56

2. FULL NAME Press Matlock

(a) Residence, No. R. F. D. 2 St. Ward. (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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cornellia Garret</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 16, 1934</u> | | |
| 7. AGE YEARS <u>76</u> | MONTHS <u>2</u> | DAYS <u>15</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> | | |
| 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) Unknown Texas

13. NAME James Matlock
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

15. MAIDEN NAME Longley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee

17. INFORMANT Mrs E. B. Correll
(ADDRESS) Cassville, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Home DATE Oct. 31, 1934

19. UNDERTAKER W. A. Mason
(ADDRESS) Cassville, Mo

20. FILED 10-2 1934 Geo W Newman
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 1st, 1934

22. I HEREBY CERTIFY That I attended deceased from Feb 6 1934 to Sept 29 1934
I last saw him alive on Sept 29 1934 Death is said to have occurred on the date stated above, at 1:20 P. M.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 1931

Other contributory causes of importance:

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: None
(Signed) Henry M. Salzer, M. D.
(Address) Cassville 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.

WHILE LIVING, WITH OUPDING INK—THIS IS A PERMANENT RECORD

