

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

Do not use this space.

NOV 20 1934

36668

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 3079
 City Hannibal (No. 219, Bird St. 2 Ward)

File No. 311
 Registered No. 310
 St. 2 Ward

2. FULL NAME

James Murrel Matlock

(a) Residence, No. 219 Bird St., 2 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Betty Matlock
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1902
 7. AGE YEARS 32 MONTHS _____ DAYS 21 IF LESS than 1 day, _____ hrs. or _____ min.
 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. Auto mech.
 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) Enderly Mo.
 13. NAME John W. Matlock
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stensbury
 15. MAIDEN NAME Emily R. Pider
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby, Mo.

17. INFORMANT (ADDRESS) Mr. John W. Matlock East Hannibal Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Beddymy Church DATE 10-28-1934
 19. UNDERTAKER (ADDRESS) James O. Donnell Hannibal Mo
 20. FILED Oct 29 1934 W. B. Drake Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 26, 1934
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, 19____.
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at about 1:30 p.m.

The principal cause of death and related causes of importance were as follows:
Gun shot wound near heart
167
 Other contributory causes of importance: 167

Name of operation none 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? suicide Date of injury Oct. 26, 1934
 Where did injury occur? Hannibal, Marion Co., Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Home of Madge R. Pider
 Manner of injury Shot head with 32 pistol
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Carl E. Schwartz, M. D.
 (Address) Hannibal, Mo.
Coroner, Marion Co. 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.

