

FEB 18 1935

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

Do not use this space.

1. PLACE OF DEATH

County

Bates

Registration District No.

47

File No.

4305

Township

~~Adrian~~

Primary Registration District No.

4027

Registered No.

2

City

Adrian

(No.)

St.

Ward)

2. FULL NAME

Cynthia Mathes

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

John A. Mathes

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

May 26 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

81

8

9

OCCUPATION

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

Retired Homemaker

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)

Lebanon, Kentucky

13. NAME

John ~~Mathes~~ Green

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

Tenn

15. MAIDEN NAME

Pollie Haggard

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

Kentucky

17. INFORMANT (ADDRESS)

Joie F. DeFarnatt
Adrian Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Lebanon Hill

DATE

Feb. 6 1935

19. UNDERTAKER (ADDRESS)

Lebanon & Sif
Adrian

20. FILED

711

1935

L. D. Deputy
Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 5 1935

22. I HEREBY CERTIFY, That I attended deceased from

11.25 1934 to 2/5 1935

I last saw him alive on 2/5 1935 Death is said

to have occurred on the date stated above, at 12:15 P.M.

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

Lobar Pneumonia

Date of onset

1/25/35

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

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)

C. J. M. Corneen

M. D.

(Address)

Adrian 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.

7
1
3

2

2

2

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WASHINGTON, D. C. 20250

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