

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.

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

Do not use this space.

6605

MAR 28 1935

1. PLACE OF DEATH

County St. Charles Registration District No. 760
 Township Quincy Primary Registration District No. 15999
 City Foristell, Mo. (No. _____) St. _____ Ward _____

File No. 2
 Registered No. 16

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 <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>Sela Matthew</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 12 1877</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>1</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</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) <u>Foristell Missouri</u>		
FATHER	13. NAME <u>A. J. Matthew</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Charles Co Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Virginia Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flint Hill Missouri</u>	
17. INFORMANT (ADDRESS) <u>Sela Matthew Foristell MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>High City Cemetery</u> DATE <u>2/27/1935</u>		
19. UNDERTAKER (ADDRESS) <u>Hilbony Funeral Co. Foristell Mo</u>		
20. FILED <u>2/26</u> 19 <u>35</u> <u>W. C. Caldwell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 18 1935, to Feb 25 1935. I last saw him alive on Feb 25 1935. Death is said to have occurred on the date stated above, at 3:30 p.m. The principal cause of death and related causes of importance were as follows:

Influenza Date of onset Feb 18

Other contributory causes of importance: 11/25

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 _____
 (Signed) Wm. Muller, M. D.
 (Address) Foristell Mo

