

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 5 1935

11730

1. PLACE OF DEATH  
110 County Washington Registration District No. 885  
Township Beaver Primary Registration District No. 6177  
City Bismarck (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Airther da Matte  
(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 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-3-1872

7. AGE YEARS 62 MONTHS 6 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Neakul, Iowa

13. NAME John da Matte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Marg da Matte  
(ADDRESS) Beaver, Wash Co

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St Louis DATE 3-5-35

19. UNDERTAKER White & Hills  
(ADDRESS) Bismarck, Mo

20. FILED Apr-19, 1935 Mrs Ella White  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-1-1935 1935

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 1935 to March 1, 1935  
I last saw him alive on March 1, 1935. Death is said to have occurred on the date stated above, at 10:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia Date of onset Feb 15, 35

Other contributory causes of importance: 108

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

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? no  
If so, specify \_\_\_\_\_  
(Signed) E. M. Bryan, M. D.  
(Address) Bismarck, Mo.

APR 3 1957

FEB 14 1957