MAY 27 1935

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No. 12708
Township Blue — Primary Registration District No. 5554 — Registered No. 113
City ~~Independence~~ (No. ..... St. ..... Ward)

2. FULL NAME Mrs Sarah E Matthews
(a) Residence, No. 1620 Northern Blvd St. ..... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 — 1853

7. AGE: YEARS 82 — MONTHS 1 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Nicholasville Ky

FATHER
13. NAME John W Vince
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nicholasville Ky

MOTHER
15. MAIDEN NAME Mary Elizabeth Rice
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jessamine Co. Ky

17. INFORMANT (ADDRESS) Miss Julia Matthews 1620 Northern Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vince Bury Ground DATE April 5, 1935

19. UNDERTAKER (ADDRESS) Att & Mitchell Independence Mo.

20. FILED 4-6-1935 F L Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1931, to 4 · 3, 1935
I last saw her alive on 4 · 2, 1935. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis chr	6 yrs.

Other contributory causes of importance:
Senility
Chr nephritis

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) George M Poch, M. D.
(Address) 11037 Winner Indep, 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.

[illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

SEP. 16 1942