

JUL 1 1935

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

Do not use this space.

15422

1. PLACE OF DEATH

County South  
Township Middlefork  
City Grant City (No. ....)

Registration District No. ....  
Primary Registration District No. ....

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

Jemas Mathews

(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 Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
58 0 18

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) 1926 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Mo

13. NAME David Mathews

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

15. MAIDEN NAME Aminata Bateman

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

17. INFORMANT Dick Mathews (ADDRESS) Grant City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Whortley DATE 4/23/35

19. UNDERTAKER John C. Dunfee (ADDRESS) Grant City Mo

20. FILED 6-7, 1935 Jed Mull Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-22, 1935

22. I HEREBY CERTIFY, That I attended deceased from June, 1933, to 4-22, 1935.

I last saw him alive on 4-5, 1935. Death is said

to have occurred on the date stated above, at 7:00 a.m.

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

Chronic Nephritis Date of onset 33

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Wet & Wied Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Yes 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? Yes

If so, specify Chronic Nephritis

(Signed) J. K. ..., M. D.

(Address) Grant City 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.

