

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.

19114

1. PLACE OF DEATH

County Callaway Registration District No. 104
Township _____ Primary Registration District No. 3008
City Fulton (No. _____) St. _____ Ward _____

File No. _____
Registered No. 142

2. FULL NAME

Cathrine Newell 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4/21 1899</u>		
7. AGE <u>36</u> YEARS	<u>2</u> MONTHS	<u>4</u> DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</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>Okla.</u>		
FATHER	13. NAME <u>Edwin Foster Mathews Jr.</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Eleanor James Sullinger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Mr Ewin Mathews</u> (ADDRESS) <u>Fulton Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mexico Mo.</u> DATE <u>6/27 35</u>		
19. UNDERTAKER <u>Herndon Taylor</u> (ADDRESS) <u>Fulton Mo.</u>		
20. FILED <u>6/25 1935</u> <u>R. McCall</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25.35 19

22. I HEREBY CERTIFY, That I attended deceased from June 20th. 1935 present. 19
er June 24.35 19. Death is said to have occurred on the date stated above, at 3/30 A.M. 19.
The principal cause of death and related causes of importance were as follows:
Tuberculosis Pulmonary. Date of onset _____

Other contributory causes of importance: 3

Name of operation _____ Date of _____
What test confirmed diagnosis Lab. P.E. 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) Greene D. McCall M. D.
(Address) Fulton Mo.

