

AUG 20 1935

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

Do not use this space.

23116

File No. 2024  
Registered No. 2024  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 100  
City Kansas City (No. 3225 Tracy Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_)

## 2. FULL NAME

Barzella Matthews

(a) Residence, No. 3225 Tracy Avenue 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
81 4 13

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Iowa

13. NAME Madison Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information  
No information

15. MAIDEN NAME Lana C. Matthews

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information  
No information

17. INFORMANT Mrs. Carl M. Mariner  
(ADDRESS) 3225 Tracy

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill Cem. DATE July 17, 1935

19. UNDERTAKER Stine + McQuinn  
(ADDRESS) 3236 Williams Place

20. FILED July 15, 1935 M. M. Brown  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1935

22. I HEREBY CERTIFY that I attended deceased from July 10, 1935 to July 13, 1935.  
I last saw him alive on July 12, 1935. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Nephritis

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) W. M. Carthy M.D. M. D.  
(Address) 530 1/2 Jay Blvd.

Date of onset

10/15/35

530 West 12th St  
530

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City..... (No. *3225 Tracy*)..... St..... Ward.....

File No.....  
Registered No. *2857*.....

**2. FULL NAME**

*Bartzella Matthews*

(a) Residence, No..... St..... Ward.....  
(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 *M* 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED

*July 15 1935 J. J. Brown Registrar*

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *7-15-35*

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....  
I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at.....m.

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

*neuropathy chronic*

Date of onset

Other contributory causes of importance

*131*

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 *W. J. McCarthy*, M. D.

(Signed)..... (Address) *536 Prof Bldg.*

SUPPLEMENTARY

RECORDS SHOULD NOT BE DESTROYED UNTIL THEY ARE COMPLETELY DESCRIBED BY LAW

S-23116<sup>8</sup>