

NOV 26 1935

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

Do not use this space.

33586

1. PLACE OF DEATH

County Gettis  
Township Sedalia  
City Sedalia (No. Bothwell Hospital)

Registration District No. 665  
Primary Registration District No. 3032

File No. 317  
Registered No. 668  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Matthew Nelson Dew

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode) Greenridge Point 2

(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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 8 21

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) Clinton Tenn.

13. NAME Armistead Dew

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

15. MAIDEN NAME Pica Cot

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT (ADDRESS) Mrs. Annie Dew  
Greenridge Point 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Oct 12 1935

19. UNDERTAKER (ADDRESS) Mrs. Hannah Bros  
Sedalia

20. FILED Oct 12 1935 Jean Slack  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 6 1935 to Oct 11 1935

I last saw him alive on Oct 10 1935. Death is said to have occurred on the date stated above, at 5:00 A.M.

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

Tetanus

Date of onset Oct 5 1935

22

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Other contributory causes of importance:

Myocarditis Chronic

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury Sept 28 1935

Where did injury occur? Green Ridge Mo  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury cut finger on axe  
Nature of injury caused wound of thumb

24. Was disease or injury in any way related to occupation of deceased? yes  
If so, specify aged while working on farm

(Signed) J. L. Walter M. D.  
(Address) Sedalia 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.

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