

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

Do not use this space.

DEC 19 1935

36747

1. PLACE OF DEATH

County Mississippi
Township St. James
City (No. _____) _____

Registration District No. 5767
Primary Registration District No. 5763

File No. _____
Registered No. 8788
St. _____ Ward _____

2. FULL NAME

Edd Matthews

(a) Residence, No. Mississippi, Co. St. _____ Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ida Matthews</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22 - 1882</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>7</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as splanner, 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 <u>life</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi Co. Mo</u>		
13. NAME <u>Andrew Matthews</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Douglas Matthews East Prairie, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Pinhook</u> DATE <u>Nov. 28</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>Sharon M. Shelby East Prairie Mo.</u>		
20. FILED <u>Nov 28</u> 19 <u>35</u> <u>W. J. Brown</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 23 1935, to Nov 27 1935
I last saw him alive on Nov 23 1935. Death is said to have occurred on the date stated above, at 89 a.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Nov 22
Date of onset

Other contributory causes of importance
108

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) E. J. Martin, M. D.
(Address) E. Brown, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

