JAN 15 1936

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

Do not use this space.

38640

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001 — File No.

City St.Joseph. (No. 218 Cont Mo Ave St. Ward) — Registered No. 1309

2. FULL NAME Matilda Eveline Carey

(a) Residence, No. 218 E.Missouri Ave. St., 9 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan.12,1868.

7. AGE: YEARS 67 — MONTHS 11 — DAYS 3 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt.of cafeteria Benton High School.

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) Dec.13,1935.

11. Total time (years) spent in this occupation 17 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Union Nebraska.

FATHER

13. NAME: James Medkiff

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ** *** Kentucky

MOTHER

15. MAIDEN NAME: Sarah Hickman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ***** Penny.

17. INFORMANT (ADDRESS): Mrs. E.K.Carter Falls City,Nebraska.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mount Mora Cem. DATE Dec. 17, 1935

19. UNDERTAKER (ADDRESS): Clark Mortuary 5025 King Hill Ave.

20. FILED 12-17 1935 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 15, 1935, 19

22. I HEREBY CERTIFY, That I ~~attended~~ viewed ~~deceased~~ on ~~from~~ Dec. 15, 1935, to ....., 19....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5 AM m.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance: no facts

Name of operation none Date of

What test confirmed diagnosis? Clin Hist 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) Forrest Thomas Coroner, M. D.

(Address) 731 Faraon

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.