

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

Do not use this space.

MAR 21 1936

5769

1. PLACE OF DEATH

County.....Jackson..... Registration District No. 399
Township.....Kaw..... Primary Registration District No. 1002
City.....Kansas City, Mo. (No. 3227 Mersington)..... St. Ward)

File No. 877
Registered No. 877

2. FULL NAME.....Mrs. Mary P. Matthews.....

(a) Residence, No. 3227 Mersington..... St., Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Matthews		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 17, 1855		
7. AGE YEARS 80	MONTHS 10	DAYS 0
If LESS than 1 day, hrs. or min.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 17-36**, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 30, 1935, to Feb 17, 1936
I last saw h. as alive on Feb 17, 1936 Death is said to have occurred on the date stated above, at 1 PM.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset

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

Other contributory causes of importance:
Hypertension

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
	13. NAME Unknown
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
	15. MAIDEN NAME Unknown
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

Name of operation none 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? _____ 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.

17. INFORMANT Mrs. F. M. Calmes
(ADDRESS) 3227 Mersington, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill, Ks. DATE Feb. 20-36

19. UNDERTAKER C.H. Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C. Mo.

20. FILED 7/18 1936 M. M. Cron
Registrar.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Hugh A. Reilly, M. D.
(Address) 303 Mersington Bldg

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.

Dr. Hugh Gestring Wirthman Blvd. Va 6400