

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.

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

Do not use this space.

MAR 21 1936  
1. PLACE OF DEATH  
County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1002  
City Kansas City, Mo. (No. 4121) Michigan St. \_\_\_\_\_ (Ward)

5817  
File No. \_\_\_\_\_  
Registered No. 617  
St. \_\_\_\_\_ (Ward)

2. FULL NAME Jackson Preston Mathis  
(a) Residence, No. 4121 Michigan 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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mynola Mathis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28 9 26

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Country Club Dairy  
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) Jones Spur Okla

MOTHER FATHER  
13. NAME Jake Mathis

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

15. MAIDEN NAME Dora Harrison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT Mrs. Mynola Mathis (ADDRESS) 4121 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Feb. 7, 1936

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway

20. FILED 7/6 1936 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 4, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 29, 1936, to Feb. 4, 1936  
last saw him alive on Feb. 4, 1936 Death is said to have occurred on the date stated above, at 11 P. M.  
The principal cause of death and related causes of importance were as follows:

Bronchitis - pneumonia (Streptococcus) Date of onset Jan 18, 1936  
107A  
Other contributory causes of importance:

Name of operation none 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. H. Valentine M. D.  
(Address) 1124 Professor

get Permit

R.