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.

MAR 21 1936

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

Do not use this space.

6061

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 876
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City 931 Paseo St. Ward)

2. FULL NAME Joseph J Mathy
(a) Residence, No. 931 Paseo 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 Mrs Alma Mathy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1876
7. AGE YEARS 59 MONTHS 3 DAYS 17 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inspector
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Health
10. Date deceased last worked at this occupation (month and year) Dept
11. Total time (years) spent in this occupation 8 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

FATHER
13. NAME Joseph Mathy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

MOTHER
15. MAIDEN NAME Mary Aker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria

17. INFORMANT (ADDRESS) Mrs Alma Mathy 931 Paseo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 2-18 1936
19. UNDERTAKER (ADDRESS) Quirk & Tobin Linwood & Main
20. FILED 2/18 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/17/36
22. I HEREBY CERTIFY: That I attended deceased from Sunday Crowe 19.... to ...., 19....
I last saw h..... alive on ..... 19.... Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:
Coronary Thrombosis
Rupture of the heart
Date of onset
Other contributory causes of importance: 9561
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? yes
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) [signature], M. D.
(Address) [signature]