

APR 11 1936

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

Do not use this space.

791

12495

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City

(No.)

City Hospital No. 2

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

yrs. 1 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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rachel Matthews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 - 1866

7. AGE YEARS 69 MONTHS 6 DAYS 10 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (Unskilled)

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) Missouri13. NAME Nevry Matthews14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Maria (Pink)16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) July Pedersen18. BURIAL, CREMATION, OR REMOVAL PLACE Delato mo DATE Mar 8 193619. UNDERTAKER Lee Mathershead (ADDRESS) Delato mo20. MAR 6 1936 J. T. Bredeck Registrar21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5th 193622. I HEREBY CERTIFY, That I attended deceased from 1 - 15 - 1936, to 3 - 5 - 1936I last saw him alive on 3 - 5 - 1936 Death is saidto have occurred on the date stated above, at 7:30 P.

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

Nephrotic
Chorea

Date of onset 1-15-36

Other contributory causes of importance:

1936
Acute Pneumonia (Bacterial)

Name of operation Prosthetic Date of 1936
What test confirmed diagnosis? Cultural 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?

If so, specify

(Signed) J. T. Bredeck M. D.(Address) Delato mo2945 - Lantton Blvd

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.

