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.

APR 11 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City ST LOUIS (No. Deakoness Hosp. DEACONESS HOSP. St. ..... Ward)

File No. 13390

Registered No. 3490

2. FULL NAME Mathew Stoves

(a) Residence, No. ..... St., N.R. Ward. West Frankfort, Ill.
(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: Shirley Stevens.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unk.

7. AGE: Ab. 51 YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Forman P.W.A.

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): England.

FATHER

13. NAME: Stoves.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

MOTHER

15. MAIDEN NAME: Unk.

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

17. INFORMANT (ADDRESS): Otis Stone West Frankfort Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marion Ill DATE 3-30, 1936

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc 429 N Euclid Ave

20. FILED 3-31, 1936 J. F. Bredeck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:30 A.m.

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

Carbolic Acid, self administered in auto in rear of Deakoness Hosp. DEACONESS HOSP. | Date of onset

Other contributory causes of importance:

Name of operation ..... 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? Suicide Date of injury 3/28, 1936

Where did injury occur? St. Louis Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in auto in public place

Manner of injury Poison

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) Harold [illegible], M. D.

(Address) Dupfer