OCT 1 1936

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

Do not use this space.

13864-2

1. PLACE OF DEATH
County Webster
Township Washington
City ~~Conway R.F.D.4~~ (No. ..... , ... St. ..... Ward)

Registration District No. 899
Primary Registration District No. 6206

File No. .....
Registered No. 8

2. FULL NAME Vergie Melvina Mathis

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1881

7. AGE: YEARS 54 | MONTHS 6 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home
10. Date deceased last worked at this occupation (month and year) February 1936
11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster County Missouri

FATHER
13. NAME David L. Mathis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Martha Alexander
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) B. W. Mathis Cordell, Oklahoma-R.F.D. 2

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Mathis DATE March 6, 1936

19. UNDERTAKER (ADDRESS) Ex Laney Marshfield Missouri

20. FILED Aug 20 1936 ~~Wm. F. Schlecht~~ E M Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2-19-, 1936 to 3-5-, 1936
I last saw her alive on 3-2-, 1936 Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	—
[illegible]	

Other contributory causes of importance: Flu

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.

Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) O. C. Burage, M. D.
(Address) Conway, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.