

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.

MAY 15 1936

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

Do not use this space.

13980

1. PLACE OF DEATH

County Barry
Township Ozark
City..... (No..... St..... Ward)

Registration District No. 992
Primary Registration District No. 5047

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

2. FULL NAME Mrs. Emma Mattox

(a) Residence, No. Barry County St..... Ward.....
(Usual place of abode) Jekins, Route 2

Length of residence in city or town where death occurred 50 yrs. 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Henry Mattox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1864

7. AGE YEARS 71 MONTHS 8 DAYS 10 IF LESS than 1 day, hrs. or min.

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.....
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) Lawrenceburg, Ind.

13. NAME Oliver H. Shanks

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

15. MAIDEN NAME Nancy Jane Caldwell

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

17. INFORMANT (ADDRESS) Mrs. Winnie Mackey Aurora, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Park Cem. Aurora, Mo. DATE April 15, 1936

19. UNDERTAKER (ADDRESS) W. R. Wilks Undertaking Co. Verona, Missouri

20. FILED Apr. 16, 1936 J. V. Forbes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1936 to April 13, 1936
I last saw her alive on April 13, 1936 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Myocardial infarction 1934
Bronchopneumonia 4/6/36
107

Other contributory causes of importance: Congestion passive of lungs, liver, and spleen

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) Dr. Lawrence Nelson, M. D.
(Address) Bank Hospital, Ash Grove, Mo.

