MAY 18 1936

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

Do not use this space.

14208

1. PLACE OF DEATH
County Buchanan, Registration District No. 85 File No.
Township Primary Registration District No. 1001 Registered No. 608
City St. Joseph, (No. 1008 Roosevelt Street, St. Ward)

2. FULL NAME Ambrose Benjamin Mathews,
(a) Residence, No. 1008 Roosevelt St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 25 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 Ruth May Mathews,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1860
7. AGE YEARS 75 MONTHS 7 DAYS 28 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Order Clerk,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale Shoe Co.
10. Date deceased last worked at this occupation (month and year) April 1926
11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomington, Illinois,

FATHER
13. NAME Unknown,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Unknown,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

17. INFORMANT (ADDRESS) Mrs. A. B. Mathews 1008 Roosevelt St.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Mora Cem. DATE April 25 1936
19. UNDERTAKER (ADDRESS) Heaton-McGole & Bowman 319 So. 10th. St. Funeral Home
20. FILED 4-24 1936 John Bender H.M. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23rd, 1936
22. I HEREBY CERTIFY, That I attended deceased from 1-20, 1936, to 4-23-, 1936
I last saw him alive on 4-22-, 1936 Death is said to have occurred on the date stated above, at 7:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	4/21/36

Other contributory causes of importance: arteriosclerosis — 3 yrs

Name of operation no Date of
What test confirmed diagnosis? Clinical 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) L C Bauman, M. D.
(Address) Clark Hospital Bldg St Joseph Mo

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.