

'JUL 23 1936'

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

Do not use this space.

23369

1. PLACE OF DEATH

County Laclede Registration District No. 1-1-1  
Township Gasconade Primary Registration District No. 1-1-1  
City (No.           ) St.            Ward           

File No.             
Registered No. 10

2. FULL NAME

Arthur Louis Matthews  
(a) Residence, No. Plato mo St.            Ward             
(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 Almira Matthews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 10 90

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

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) 1935 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bassett St Clair Co. Mo

13. NAME Louis C. Matthews

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

15. MAIDEN NAME Ollie Harris

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

17. INFORMANT (ADDRESS) Geo. R. Matthews Plato Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pine Crest DATE 6-21-36

19. UNDERTAKER (ADDRESS) Holman Lebanon Mo

20. FILED June 20, 1936 E. H. Nelson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 19 1936

22. I HEREBY CERTIFY That I attended deceased from           , 19          , to June 19, 1936

I last saw h.            alive on           , 19          . Death is said

to have occurred on the date stated above, at            m.

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

Leakage of the heart - no doctor in attendance

Date of onset

Other contributory causes of importance:

Name of operation            Date of           

What test confirmed diagnosis?            Was there an autopsy?           

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) Robert B. Gulley, M. D.

(Address) Plato, 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.

