

JUL 25 1936

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

Do not use this space.

23928

1. PLACE OF DEATH

County Randolph Registration District No. 731
Township Liloh Creek Primary Registration District No. 5973
City Clifton Hill (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 5

2. FULL NAME Mathie Jane 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 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF D. C. Mathis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
72 3 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House wife
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) Randolph Co. Missouri

FATHER 13. NAME Thomas Mayo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Airy, N. Carolina

MOTHER 15. MAIDEN NAME Sarah Frances Mathis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mt. Airy, Missouri

17. INFORMANT Frances Skilling (ADDRESS) Clifton Hill, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Locus Grove DATE June 26, 1936

19. UNDERTAKER Parry and Son (ADDRESS) Callas, Mo.

20. FILED July 10, 1936 Al Bradsher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24, 1936
22. I HEREBY CERTIFY, That I attended deceased from April 22, 1936 to June 24, 1936
I last saw h. cr. alive on June 2, 1936 Death is said to have occurred on the date stated above, at 2: A.M.
The principal cause of death and related causes of importance were as follows:

Chron. Myocarditis
Arteriosclerosis
Date of onset _____
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Phys. Exam 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? _____
If so, specify _____ (Signed) W. M. Welch, M. D.
(Address) Callas 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.

