

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.

SEP 24 1936  
**MISSOURI STATE BOARD OF HEALTH**  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

Do not use this space.

31314

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
 Township \_\_\_\_\_ Primary Registration District No. 3020  
 City Carthage (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward)

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

John H. Matt  
 (a) Residence, No. 1026 S. Garrison St. Ward \_\_\_\_\_  
 (Usual place of abode)

Length of residence in city or town where death occurred 1 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1851

7. AGE YEARS 85 MONTHS 5 DAYS 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Park County (STATE OR COUNTRY) Indiana

13. NAME A. K. Matt

14. BIRTHPLACE (CITY OR TOWN) Butler County (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Harding

16. BIRTHPLACE (CITY OR TOWN) Shelbysville (STATE OR COUNTRY) Kentucky

17. INFORMANT J. J. F. J. J. J. (ADDRESS) 1026 S. Garrison - Carthage

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Churchill Cem. DATE Aug. 14, 1936

19. UNDERTAKER Knell Mortuary (ADDRESS) Carthage, Missouri

20. FILED Aug. 14, 1936 E. B. Colinton Registrar

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1936, to Aug 13, 1936

I last saw him alive on Aug 8, 1936. Death is said to have occurred on the date stated above, at 7:50 a.m.

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

Heart prostration Aug 8 1936

Other contributory causes of importance: 162  
Senility

Name of operation \_\_\_\_\_ 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) R. A. Nabata, M. D.  
 (Address) Carthage Mo.

