DEC 4 1936

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

Do not use this space.

40140

1. PLACE OF DEATH
County Vernon — Registration District No. 878 File No.
Township Virgil — Primary Registration District No. 6158 Registered No.
City (No. , St. Ward)

2. FULL NAME ~~Inema~~ Ina Mae Mattie

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13th, 1936

7. AGE — YEARS: — MONTHS: 2 DAYS: 11 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
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) El Dorado Springs Mo.

FATHER
13. NAME Charles Mattie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, Mo.

MOTHER
15. MAIDEN NAME Rosea Blatta
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harwood Mo.

17. INFORMANT (ADDRESS) Charles Mattie Milo, Mo. R 1

18. BURIAL, CREMATION, OR REMOVAL
X PLACE Virgil Cemetery DATE Oct 25 1936

19. UNDERTAKER (ADDRESS) Moore

20. FILED Oct 25 1936 W. Kohnstoffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 14, 1936, to Oct. 24, 1936
I last saw her alive on Oct 21, 1936. Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:

Gastro Enteritis — Date of onset

Other contributory causes of importance:
Indigestion

Name of operation — Date of
What test confirmed diagnosis? Syndrome 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) H. W. Lancaster, M. D.
(Address) Nevada 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.

W. S. Kokendoffer –