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.

FEB 25 1937

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

Do not use this space.

1715

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 506

Township Blue — Primary Registration District No. 1002 — Registered No.

City Leeds, Mo (No. Leeds Hospital St. Ward)

2. FULL NAME Mathes-Clarence

(a) Residence, No. 726 W. 30th St., Annex Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
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) Feb. 9, 1905.

7. AGE: YEARS 31 — MONTHS 11 — DAYS 12 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 226
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Childs Barber Shop
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma 31

FATHER

13. NAME Mathes-George
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER

15. MAIDEN NAME Blackwell Rosetta
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

17. INFORMANT (ADDRESS) K.C.T.B. Hosp. Leeds, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Jan 28 1937

19. UNDERTAKER (ADDRESS) Watkins Bros Kc Mo

20. FILED Jan 28, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 21st, 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19th, 1935, to Jan. 21st, 1937

I last saw him alive on Jan. 21st, 1937. Death is said to have occurred on the date stated above, at 10 45 A.m.

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

	Date of onset
Pulmonary, Tuberculosis	

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) [illegible] M.D.

(Address) Kansas City Mo