

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 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Mokey Registration District No. 915
Township ✓ Primary Registration District No. 6236
City ✓ (No. ✓) St. ✓ Ward ✓

File No. 2756
Registered No. ✓

2. FULL NAME Ethel Louise Matchett

(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 24

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 7 24

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.
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) Caldwell Co Mo

FATHER
13. NAME Geo Matchett

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

MOTHER
15. MAIDEN NAME Lydell Lewis Manley

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

17. INFORMANT Geo Matchett
(ADDRESS) Polo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mirabil DATE 1-19 37

19. UNDERTAKER Alsbaugh & Cowley
(ADDRESS) Polo Mo

20. FILED Feb 7 1937 Noemie Lee
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-31-36, 1936, to 1-18-37, 1937

I last saw her alive on 1-18, 1937. Death is said

to have occurred on the date stated above, at 430 BTH

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

Bronchial Pneumonia Date of onset 12-30-36

Other contributory causes of importance: Influenza 12-27-36

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) Chas. W. Allen, M. D.

(Address) Polo Mo

