MAR 13 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 6516

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

City Kansas City (No. 3635 Troost St. Ward)

2. FULL NAME Dr. Walter Ellis Matherly

(a) Residence, No. 3635 Troost 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 12, 1891

7. AGE: YEARS 46 — MONTHS 0 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician
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): Kansas

FATHER
13. NAME: M.P. Matherly
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER
15. MAIDEN NAME: Eugenie Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT (ADDRESS): Wilma Lee Matherly, 3635 Troost

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: Feb. 19, 1937

19. UNDERTAKER (ADDRESS): D.W. Newcomer's Sons

20. FILED 2/18, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 17, 1937

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., to ..., 19..., I last saw him alive on ..., 19..., Death is said to have occurred on the date stated above, at 8:55A m.

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

Fracture of the skull

Subarachnoid hemorrhage

Other contributory causes of importance: No 1860

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 2/16/37
Where did injury occur? 3635 Troost K.C. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fell down stairs
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im...