

MAR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

(No. _____)

Registration District No.

Primary Registration District No.

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male

White

Married

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

(OR) WIFE OF

Carrie Anna Mathews

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

Nov-5-1865

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day,hrs. ormin.

71

3

23

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Retired 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) (STATE OR COUNTRY)

Lafayette Co. Mo.

FATHER

13. NAME

James Mathews

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

Ireland Mo.

MOTHER

15. MAIDEN NAME

Frances E. Underwood

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

Mo. Mo.

17. INFORMANT (ADDRESS)

Mrs. Wm Mathews Warrensburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cemetery

DATE

Mar. 2 - 1937

19. UNDERTAKER (ADDRESS)

Sweeney & Shellie Warrensburg, Mo.

20. FILED

Mar 2, 1937

Eva Bentley Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Feb 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 5, 1935, to Feb. 28, 1937

I last saw him alive on Feb. 28, 1937. Death is said

to have occurred on the date stated above, at 5:00 p.m.

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

Date of onset

Epithelioma of face
on front of right ear
primary lesion

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical 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

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)

A. J. Parker, M. D.

(Address)

Warrensburg, 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.

