

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

Do not use this space.

8488

MAR 5 - 1937

1. PLACE OF DEATH
 County City Hospital #2 Registration District No. 791
 Township _____ Primary Registration District No. 1003
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 1943
 St. _____ Ward _____

2. FULL NAME John Mathes
 (a) Residence, No. 3830 Jimmy St. 11 Ward _____
 (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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about Jan 9 - 1859
 AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 79 1 3

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. Retired
 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) Bolton

13. NAME Not known

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

15. MAIDEN NAME Matilda Mathe

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

17. INFORMANT (ADDRESS) Sally B. Rankin

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE 2/24/37

19. UNDERTAKER (ADDRESS) Watson and Co

20. FILED FEB 15 1937 J. F. Bredeck Registrar

No MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/12/1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 3:15 P. m.
 The principal cause of death and related causes of importance were as follows:

Senile Debility
Contrib: fracture of right hip
due to fall in front of
residence on Jan 28, 1937

Other contributory causes of importance:
Accident

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury Jan 28, 1937
 Where did injury occur? at home
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
home

Manner of injury _____
 Nature of injury see above

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Joseph M. Dunsen M. D.
Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Date of onset
1860

1947
10/16/47