

MAR 25 1937

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

Do not use this space.

9053

## 1. PLACE OF DEATH

County Scott Registration District No. 821  
 Township Sebaston Primary Registration District No. 4533  
 City Sebaston (No. Red Cross Emergency Hosp) St. Sebaston Ward 1

## 2. FULL NAME

(a) Residence, No. Sebaston, Mo. Ward. 1  
 (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 M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - - 1880

7. AGE YEARS 57 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

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

13. NAME Dave Mattie

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

15. MAIDEN NAME Centrauer

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

17. INFORMANT Lucinda Mattie  
(ADDRESS) Sebaston, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Madrid, Mo. DATE Feb 19 1937

19. UNDERTAKER (ADDRESS) Edwin Elmer Funeral Home, Sebaston, Mo.

20. FILED 3-9 1937 W. A. Pruitt Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Feb 6 1937 to Feb 18 1937

I last saw him alive on Feb. 17, 1937. Death is said to have occurred on the date stated above, at 11:04 A. m.

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

Lobar Pneumonia Date of onset 2-6-37

Other contributory causes of importance:

Senility

Name of operation None Date of Not

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, 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? No

If so, specify

(Signed)

(Address)

George H. Engelbach, M. D.  
Red Cross Emergency Hosp.  
Sebaston, 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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X 1724

