

FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Vernon Registration District No. 875 File No. 9205
Township _____ Primary Registration District No. 3039 Registered No. 4-1
City Nevada (No. _____) St. _____ Ward _____
2. FULL NAME Matthe Ann Egates
(a) Residence, No. 419 N Walnut St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1857
7. AGE YEARS 79 MONTHS 8 DAYS 18 If LESS than day, _____hra. or _____min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk reeler, saw mill, bank, etc. Bookkeeper
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 5 - 1937
22. I HEREBY CERTIFY, That I attended deceased from July 18 - 1936, to Aug - 16 - 1936
I last saw her alive on Aug 20th - 1936 Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Senility, patient had heart of secondary during period attended her.
Other contributory causes of importance: 162

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton Missouri
13. NAME Rev William Schroeder
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boonville Mo
15. MAIDEN NAME Kate Neeford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Duquoin Ill
17. INFORMANT Edward Egates
(ADDRESS) 419 N Walnut Nevada Mo
18. BURIAL, CREMATION, OR REMOVAL Deerpuroa Cemetery DATE 2-7-37
19. UNDERTAKER Ferny Thomas
(ADDRESS) 1111 N. 1st St. Nevada Mo
20. FILED 2-5-37 W. C. Klinger Registrar.

Name of operation None 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? No
(If so, specify _____)
(Signed) W. C. Klinger M. D.
(Address) Nevada, 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.

