

MAR 29 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

9321

1. PLACE OF DEATH

County North
 City St. Louis
 Precinct City No. (No. _____)

Registration District No. 913
 Primary Registration District No. 6212

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

2. FULL NAME

Hannah Areta Matteson

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

Length of residence in city or town where death occurred

69 yrs. mos. ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

May 19, 1850

7. AGE

YEARS

86

MONTHS

8

DAYS

8

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Retired

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

Wayne Co. Ohio

FATHER

13. NAME

Joseph Carlin Matteson

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

Unknown

MOTHER

15. MAIDEN NAME

Catharina Matkewo

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

Unknown

17. INFORMANT (ADDRESS)

Mrs. J. G. Hull
Marionville Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Grant City Mo.

DATE

1-29-37

19. UNDERTAKER (ADDRESS)

Andrews
Grant City Mo.

20. FILED

129 1937

64 Mull MNO

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

January 27, 1937

22. I HEREBY CERTIFY That I attended deceased from January, 1937, to January, 1937

I last saw him alive on January 28, 1937 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Senility
Arterio-sclerosis

Date of onset

Other contributory causes of importance:

anemia

Name of operation _____ 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? _____

If so, specify _____

(Signed)

John Andrews M. D.

(Address)

Grant City 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 PLAINLY WITH OUTLINES

X7294

