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.

MAY 15 1937

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

Do not use this space.

15094

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 202 — Registered No. 1640
City Kansas City (No. 2028 E 19th St. St. Ward)

2. FULL NAME Earnell Matthews
(a) Residence, No. 2028 E 19th St., Ward.
(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 Male
4. COLOR OR RACE negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Gercena Matthews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 19 1909
7. AGE YEARS 28 MONTHS DAYS 4 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heller Meat Co.
10. Date deceased last worked at this occupation (month and year) 3-23-37
11. Total time (years) spent in this occupation

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

FATHER
13. NAME B. T. Matthews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grimes Co. Texas

MOTHER
15. MAIDEN NAME Annie Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Whorton, Texas

17. INFORMANT (ADDRESS) M. C. Matthews 1610 E 11th St
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 4-5 1937
19. UNDERTAKER (ADDRESS) E. Sterling Bells 1811 E 12 St. K.C. Mo.
20. FILED 4-5 1937 M M Crowe ass't Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/37, 19
22. I HEREBY CERTIFY, That I attended deceased from Liberty Cann, 19, to, 19
I last saw h... alive on ..., 19 Death is said to have occurred on the date stated above, at 1155 p m.
The principal cause of death and related causes of importance were as follows:
Gunshot wound of the Chest
Hemothorax - 167
Date of onset
Other contributory causes of importance:
Name of operation No Date of
What test confirmed diagnosis Autopsy Was there an autopsy Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Suicide Date of injury 3/23/37, 19
Where did injury occur? 2028 E 19th Kew (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Trauma by firearms
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) [signature], M. D.
(Address) [signature]