MAY 19 1937

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

Do not use this space.

File No. 15589

Registered No. 61

1. PLACE OF DEATH

County Audrain

Township ~~Saltriver~~

City Mexico Mo.

Registration District No. 26

Primary Registration District No. 3002

(No. Audrain Hosptal St. Ward)

2. FULL NAME James Irwin Matthews

(a) Residence, No. 822-East Monroe 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 26-1861

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
76	3	18	

OCCUPATION

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) May 14-1937

11. Total time (years) spent in this occupation Life

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

FATHER

13. NAME William Mathews

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

MOTHER

15. MAIDEN NAME Margerte Young

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

17. INFORMANT Sarah C Matthews

(ADDRESS) Mexico Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Laddonia Mo. DATE 5-16- 1937

19. UNDERTAKER H A Precht & Son.

(ADDRESS) Mexico Mo.

20. FILED 5-15 1937 Blanche Neely Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1937, to May 15, 1937

I last saw him alive on May 14, 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.

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

	Date of onset
Fracture skull (base)	
Other contributory causes of importance:	

Name of operation None Date of

What test confirmed diagnosis? X-Ray pictures Were 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 5-14, 1937

Where did injury occur? Near Mexico, Mo. (Specify city or town, county, and State)

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

Fall from hay loft. Head struck concrete

Manner of injury Fractured skull in

Nature of injury fall from hay loft

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. F. Hanson, M. D.

(Address) Mexico, 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.