MAY 28 1937

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

Do not use this space.

File No. 16944

Registered No. 115

1. PLACE OF DEATH

County: Monroe — Registration District No.: 547

Township: Mason — Primary Registration District No.: 3029

City: Hannibal — (No. Levering Hospital St. ..... Ward)

2. FULL NAME: Arthur W. Matthews

(a) Residence, No. New London 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*)
M	W	Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~: Corine Matthews

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 65			

OCCUPATION

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 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): Ralls County

FATHER

13. NAME: Milton Matthews

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

MOTHER

15. MAIDEN NAME: Paulina Horton

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

17. INFORMANT (ADDRESS): John Hollingsed, New London.

18. BURIAL, CREMATION, OR REMOVAL: PLACE ~~Bowling~~ Salem DATE 3/30 1936

19. UNDERTAKER (ADDRESS): O'Donnell Funeral Home, New London, Mo.

20. FILED April 7 1937 H. C. Fisher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/28 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1937 to Mar 28, 1937

I last saw h~~im~~er alive on Mar 27, 1937. Death is said to have occurred on the date stated above, at 2:00 a.m.

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

	Date of onset
Carcinoma of Pancreas	Latter part of 1934

Other contributory causes of importance: 46

Name of operation: None Date of: —

What test confirmed diagnosis? Final autopsy. 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) A. L. Shapiro, M. D.

(Address) Hannibal Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.