

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

Do not use this space.

MAY 31 1937

17250

1. PLACE OF DEATH: 8/ County Phelps Registration District No. 677
2. Township _____ Primary Registration District No. 4403
4. City Rolla (No. _____) St. _____ Ward _____
2. FULL NAME Miss Retta Matlock
(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 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) Sept 30, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 6 6
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) Salem Mo
13. NAME Don't Know
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
15. MAIDEN NAME Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know
17. INFORMANT Mrs. Bus Clark (ADDRESS) Rolla, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Rolla DATE 4/8 1937
19. UNDERTAKER Mrs. Harry McCaw (ADDRESS) Rolla Mo
20. FILED April 7 1937 Joe F. Myers Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6 1937
22. I HEREBY CERTIFY that I attended deceased from Jan 6 1937 to April 6 1937
I last saw him alive on April 6 1937 Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset 3 yrs
Other contributory causes of importance: Influenza 4-5-37
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) Williams & Brewer M. D.
(Address) St. James 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.

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