

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH  
96 County St. Louis Registration District No. 1123 File No. 17626  
Township Canfield Primary Registration District No. 6248 B Registered No. 183  
City Jefferson Barracks (No. Veterans Administration Facility) St. Ward

2. FULL NAME James O. MATKIN  
(a) Residence, No.  St.  Ward. Bismarck, Missouri  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred Un yrs. kn mos. OWN ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>- -</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unavailable</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
<u>About 45 years old</u>				
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Freight hauler</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unav.</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Unav.</u>		11. Total time (years) spent in this occupation <u>Unav.</u>	
12. BIRTHPLACE (CITY OR TOWN) <u>Bismarck</u> (STATE OR COUNTRY) <u>Missouri</u>				
FATHER	13. NAME <u>J. W. Matkin</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>Unavailable</u> (STATE OR COUNTRY)			
	15. MAIDEN NAME <u>Unavailable</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) <u>Unavailable</u> (STATE OR COUNTRY)			
	17. INFORMANT <u>Clinical Clerk W. Schellig</u> (ADDRESS) <u>V.A. Fac., Jeff. Brks., Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bismarck Mo</u> DATE <u>April 30, 1937</u>				
19. UNDERTAKER <u>White + Hill</u> (ADDRESS) <u>Bismarck Mo</u>				
20. FILED <u>Apr 25, 1937</u> <u>J. Maury</u> Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 1937

22. I HEREBY CERTIFY, That I attended deceased from April 28, 1937, to April 28, 1937  
I last saw him alive on April 28, 1937. Death is said to have occurred on the date stated above, at 10:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Multiple Skull Fractures with cerebral hemorrhage Date of onset 4/28/37  
(Due to fall) 4/28/37  
Other contributory causes of importance: None 1060  
None 74

Name of operation None Date of -  
What test confirmed diagnosis? Autopsy findings Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? None Date of injury 4/28, 1937  
Where did injury occur? Bismarck, Mo.  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. Unknown  
Manner of injury Unknown  
Nature of injury Multiple Fractures of Skull

24. Was disease or injury in any way related to occupation of deceased? None  
If so, specify 6077481  
(Signed) C. W. HUGHES, M.D., Chief Med. Off. M. P.  
OK (Address) V.A. Fac., Jeff. Brks., Mo.  
John Donnelly, M.D.  
Coroner, St. Louis County, Mo.

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

