

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

Do not use this space.

AUG 18 1937

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 5112
 City _____ No. _____ St. _____ Ward _____

File No. 26650
 Registered No. 174

2. FULL NAME Mattie Sublett

(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

3. SEX F. 4. COLOR OR RACE W. 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) 9-2-1855
 7. AGE YEARS 81 MONTHS 10 DAYS 29 If LESS than 1 day, _____ hrs. _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 31, 1937
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 1937
 I last saw him alive on 7-30-37, 19____. Death is said to have occurred on the date stated above, at 9:20 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
Do not know
 Other contributory causes of importance Diarrhea 930 7-25-37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Abraham Sublett
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Mary Hogau
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT Mrs. Clark Robinson (ADDRESS) Columbia, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oliver DATE Aug. 1st 37
 19. UNDERTAKER Parter J. Co. W.T.U. (ADDRESS) Columbia, Mo.
 20. FILED 8/2/37 1937 Allie Selby Registrar.

Name of operation _____ Date of _____
 What test confirmed diagnosis? None Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? No (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury None
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. P. Dyson M.D. (Address) Columbia, 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.

