

AUG 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene  
Township Campbell  
City Springfield (No. 1)

Registration District No. 318  
Primary Registration District No. 5440

File No. 27270  
Registered No. 576  
Ward

2. FULL NAME MATHEWS, Luke L.

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward. Montgomery, Ala.  
(Usual place of abode)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 22 ds. How long in U. S., if of foreign birth? - yrs. - mos. - ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Mae Meadows Mathews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-17-88

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 ✓ 48 7 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) DK 11. Total time (years) spent in this occupation. DK

12. BIRTHPLACE (CITY OR TOWN) Lafayette, Ala.  
(STATE OR COUNTRY) U. S. A.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) U. S. A.  
(STATE OR COUNTRY)

15. MAIDEN NAME Fannie (Barnes) Mathews

16. BIRTHPLACE (CITY OR TOWN) U. S. A.  
(STATE OR COUNTRY)

17. INFORMANT Deceased  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL Montgomery, Ala. DATE July 16 1937

19. UNDERTAKER Alma Lohmeyer Funeral Home  
(ADDRESS) Springfield, Missouri

20. FILED July 14, 1937 Chas A. George, M.D.  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from June 21, 1937, 19, to July 13, 1937, 19.

I last saw him alive on July 13, 1937, 19. Death is said to have occurred on the date stated above, at 1:15 p.m.

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

Tuberculosis, pulmonary Jan. 1937 Date of onset

Other contributory causes of importance: None

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray and Sputum Was there an autopsy? Yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
Clinical Director, USHDD,  
Springfield, Missouri.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

OCCUPATION  
FATHER  
MOTHER

x704

MAR 27 1948