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.

SEP 21 1937

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

Do not use this space.

29927

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 3918 College St. Ward)

2. FULL NAME Artie Matthews
(a) Residence, No. 3918 College St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
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 James Wm Matthews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1878
7. AGE YEARS 59 MONTHS — DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Butler — Bates County Mo

FATHER
13. NAME Newton Parsh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Carrie Hokanson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois Henry County

17. INFORMANT (ADDRESS) Robert Hokanson 3918 College
18. BURIAL, CREMATION, OR REMOVAL PLACE Berlin Oklahoma DATE Shipped 8-29 1937
19. UNDERTAKER (ADDRESS) Eylar Funeral Home
20. FILED Aug 29 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.... I last saw h... alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:30 P m.
Deputy Coroner

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

Fracture of Rt Hip
Hypostatic Br Pneumonia
194B

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury Do not know 19..
Where did injury occur? Do not know (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Do not know
Manner of injury Do not know
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell W Kerr, M. D.
(Address) K Cuu