

SEP 25 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. LouisRegistration District No. 1160File No. 31876

Township

Primary Registration District No. 4470Registered No. 79City University City (No. 7060 Pershing Ave.)

St., _____ Ward)

2. FULL NAME Mary N. Mathews(a) Residence, No. 7060 Pershing Ave. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John B. Mathews6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-11-18457. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 10 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret. House-wife

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) Rochester New York13. NAME Charles Williams14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Myra Doyle16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York17. INFORMANT (ADDRESS) C. E. Mathews 7060 Pershing Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. 8-22-193719. UNDERTAKER (ADDRESS) Alexander & Sons 8175 Delmar Blvd.20. FILED Aug 22 1937 Lena V. Moeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 21 193722. I HEREBY CERTIFY That I attended deceased from March 31 1937 to August 21 1937I last saw him alive on August 21 1937. Death is said to have occurred on the date stated above, at 5:50 p.m.

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

Arteriosclerosis Date of onset years
Hypertensive cardiac years
vascular

Other contributory causes of importance:

Heat prostration Aug 14 37
Pneumonia Aug 21 37Name of operation None 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) J. Fred W. Clark, M. D.(Address) 864 Hamilton St. St. Louis

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.

