

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Barry  
Township Center  
City (No. ....) St. .... Ward

Registration District No. 34  
Primary Registration District No. 6239

File No. 44601  
Registered No. 24

2. FULL NAME

Clara Fay Mattingly  
(a) Residence, No. P. I. Cassville, Mo. St. .... Ward. ....  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 0 yrs. 0 mos. 3 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-23-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 0 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infant  
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) Barry County, Mo.

13. NAME Clarence Mattingly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

15. MAIDEN NAME Fay Weston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry County, Mo.

17. INFORMANT (ADDRESS) Clarence Mattingly, Cassville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic DATE 12-31-37

19. UNDERTAKER (ADDRESS) Roan General Home

20. FILED 12-27-37 Mrs. H. P. Searcy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-26-37

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw her alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 AM

The principal cause of death and related causes of importance were as follows:  
Found dead in bed cause unknown

Other contributory causes of importance:

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

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 None  
(Signed) Clarence M. Silver M. D.  
(Address) Cassville, 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.

