

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.

JAN 21 1938

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

46301

Do not use this space.

1. PLACE OF DEATH

(a) County Jefferson

Registration District No. 657

(b) Township Boonville

Primary Registration District No. 5874

Registered No. 18

(c) City Boonville

(d) Street No. St. Louis

(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred

yrs. mos. ds.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Stittenberg Mo St. Mo

(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

Mary Mathews

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

1-24-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

77

10

8

OCCUPATION

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

Physician

9. Industry or business in which work was done, as 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)

Boonville Mo

FATHER

13. NAME Charles Van Note

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

New York State

MOTHER

15. MAIDEN NAME Kelly

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Unknown

17. INFORMANT (ADDRESS)

Chas W Kelly

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo

DATE Dec 6, 1937

19. FUNERAL DIRECTOR (ADDRESS)

Math Herman & Son

St. Louis, Mo

20. FILED

12-4-

19

37

Boonville Mo

Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1937

22. I HEREBY CERTIFY, That I attended deceased from

19 , to 19

I last saw him alive on 19 Death is said

to have occurred on the date stated above, at m.

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

Found dead in bed. 15 hrs after death.
All indications point to a heart ailment

Date of onset

Other contributory causes of importance

Coronary of color

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

(Signed)

H. N. Bailey

Coroner

(Address)

Boonville Mo

M. D.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____, L. E.
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)