

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

**3050**  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wasper Registration District No. 407  
 (b) Township Castleville Primary Registration District No. 4201 Registered No. \_\_\_\_\_  
 (c) City Castleville (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (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. 466 W. Washington St. 340  
 (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 Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR) WIFE OF Carrie Matley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 1873  
 7. AGE YEARS 64 MONTHS 1 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Truckman  
 9. Industry or business in which work was done, as saw mill, bank, etc. J. S. W. M. & Co.  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Castleville Missouri  
 13. NAME Wm. Matley  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT (ADDRESS) Mr. Luther Matley Matt City Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Castleville DATE Jan 30 1938  
 19. FUNERAL DIRECTOR (ADDRESS) W. H. C. Underhill Matt City Mo.  
 20. FILED Jan 30 1937 J. W. Clark Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Nov 25 1938, to Jan 28 1938  
 I last saw him alive on Jan 23 1938 Death is said to have occurred on the date stated above, at 12:00 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Fibroid  
Pneumonia  
 1140  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Smear 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) L. R. Hutchins, M. D.  
 (Address) West City Mo.

RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS  
MO. STATE DEPT. OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, Clayton M. Johnston, Licensed Embalmer No. 3,922

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself.

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. 3,922

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.)