

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

3149
Do not use this space.

1. PLACE OF DEATH
 (a) County Jasper Registration District No. 417
 (b) Township Webb City Primary Registration District No. 3021 Registered No. 2.
 (c) City Webb City (d) Street No. JANE CHINN HOSPITAL, WEBB CITY, MO St.
 (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 Mrs. Gladys Matthews 320
 (a) Residence, No. #1 Webb City St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 02, 1898

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>39</u>	<u>6</u>	<u>20</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. at home
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) Monnette, Missouri

FATHER
13. NAME O. L. Matthews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

MOTHER
15. MAIDEN NAME Mahiea Gibson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Mabel Jones
Jasper Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Hopeful **DATE** Jan 5, 1938

19. FUNERAL DIRECTOR (ADDRESS) Webb City Und Co.
Webb City Mo

20. FILED JAN 4 38 19 1938
D. H. Schick, M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 1, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/30, 1937, to Jan 1, 1938
 I last saw him alive on 1/1, 1938 Death is said to have occurred on the date stated above, at 5:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Abdomen
Spleen & Liver
Primary of testes
 Other contributory causes of importance: 18

Name of operation Exploratory **Date of** 1-1-38
What test confirmed diagnosis? P.P.T. ops **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) D. H. Schick, M. D.
377 (Address) Webb City 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.

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RECEIVED

FEB 25 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

STATEMENT BY LICENSED EMBALMER

I, A. K. Mills, Licensed Embalmer No. 347

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

..... L. E.

No. 347 or by Registered Apprentice No.
working under my personal supervision.

Signed A. K. Mills
Licensed Embalmer No. 347

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.)