

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

Do not use this space.

**1. PLACE OF DEATH**

County North  
 Township Windsor  
 City Windsor (No. 1)

Registration District No. 903  
 Primary Registration District No. 6213

File No. 4511  
 Registered No. 320

**2. FULL NAME**

(a) Residence, No. 320 St. 320 Ward. 320  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) Dec. 21, 1883

7. AGE YEARS 54 MONTHS 0 DAYS 20 If LEAS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Invalid  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. for 29 years  
 10. Date deceased last worked at this occupation (month and year) for 29 years 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City, Missouri

13. NAME David Mathews

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

15. MAIDEN NAME Aminda

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

17. INFORMANT David Mathews (ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION, OR REMOVAL ✓

PLACE W. Horton Cpn. DATE 1/12 1938

19. UNDERTAKER Boch C. Duffee (ADDRESS) Grant City, Mo.

20. FILED 2/8 1938 320 Windsor Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-11 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-2 38, to 1-11 38

I last saw her alive on 1-10, 1937 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:

Myocardial degeneration  
of heart  
120

Other contributory causes of importance:

Myocardial degeneration  
and chronic deformations

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 ✓, 1938

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 2 J. Ross M. D.  
 (Signed) W. Horton Registrar.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

45-11  
Do not use this space.

1. PLACE OF DEATH

(a) County North Registration District No. 903  
(b) Township Middlefork Primary Registration District No. 6213  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(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. \_\_\_\_\_ 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

3. SEX

7

4. COLOR OR RACE

W

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

S

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

52

0

20

OCCUPATION

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.

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)

Grant City Mo

FATHER

13. NAME Louis Mathews

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

Missouri

MOTHER

15. MAIDEN NAME Annita B. Mathews

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

Missouri

17. INFORMANT  
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19

19. FUNERAL DIRECTOR  
(ADDRESS)

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6-11, 1938

22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h. \_\_\_\_\_ 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:

Date of onset

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

(Signed) S. J. Ross, M. D.

(Address) Grant City Mo

S 4511

1938