

REC'D APR 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Greene
 39 Township S. Campbell
 City Springfield (No. 1)

Registration District No. 316Primary Registration District No. 5440File No. 10834Registered No. 2082. FULL NAME MATSON, Herman(a) Residence, No. 325St. Wash.Ward. Hogiam, Wash.Length of residence in city or town where death occurred 0 yrs. 0 mos. 16 ds. How long in U. S., if of foreign birth? DK yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

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)

Mar. 6, 1881

7. AGE

57

YEARS

57

MONTHS

0

DAYS

0

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

DK

10. Date deceased last worked at this occupation (month and year)

DK

11. Total time (years) spent in this occupation

DK

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

Finland

13. NAME

DK

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

Finland

15. MAIDEN NAME

DK

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

Finland

17. INFORMANT (ADDRESS)

Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE

Springfield, Mo. DATE 3-8-38

19. UNDERTAKER (ADDRESS)

Alma Lohmeyer Funeral Home, Springfield, Mo.

20. FILED

Mar 8 1938 Ches. George

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 6, 193822. I HEREBY CERTIFY, That I attended deceased from Feb. 22, 1938 to Mar. 6, 1938I last saw him alive on March 6, 1938. Death is said to have occurred on the date stated above, at 10:35 a.m.

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

Tuberculosis, bilateral, pulmonaryDate of onset DK

Other contributory causes of importance:

Enteritis, tuberculousDKSclerosis, coronaryDKArteriosclerosis, generalizedDKName of operation None Date ofWhat test confirmed diagnosis Clinical Was there an autopsy? Yes& Autopsy

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? - Date of injury -, 19Where 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) [Signature], A. A. Surgeon, M. D.(Address) Clinical Director, USHDD, Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

I 20314

