

REC'D MAY 18 1938

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Boone
City (No. _____) _____

Registration District No. 1104
Primary Registration District No. 5415C

File No. 14576
Registered No. 7
St. _____ Ward _____

2. FULL NAME

Edward Ernest Mathias

32

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 58 yrs. 11 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary S Mathias</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 27 - 1879</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>11</u>
	DAYS <u>15</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>XX</u>	
	10. Date deceased last worked at this occupation (month and year) <u>4-26-1931</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sprague Bluff Mo.</u>		
FATHER	13. NAME <u>Herman Mathias</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	15. MAIDEN NAME <u>Mary Massman</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
	17. INFORMANT <u>Edward Mathias Jr.</u> (ADDRESS) <u>Leake Mo. R #2</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Pauls Burial</u> DATE <u>4-14</u> '38		
19. UNDERTAKER (ADDRESS) <u>E. Meyer</u>		
20. FILED <u>4-24</u> 19 <u>38</u> <u>Charles A Schmidt</u> Registrar		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-12, 1938 to 4-12, 1938
I last saw him alive on Aug, 1937. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:
Coronary artery disease & anginal pectoris Date of onset unknown

Other contributory causes of importance:
AKA

Name of operation no Date of _____
What test confirmed diagnosis? _____ 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) Charles A Schmidt, M. D.
(Address) Gerald Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SECRET

[The body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal report or memorandum.]