

REC'D MAY 13 1938

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

Do not use this space.

14681

## 1. PLACE OF DEATH

County Greene  
Township Center  
City Near Boardman (No. \_\_\_\_\_)

Registration District No. 320  
Primary Registration District No. 5443

File No. 4  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Flora Matthews West - 230

(a) Residence, No. R.R. 1 Boardman, Mo., St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
68      10      15

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

9. Industry or business in which work was done, as silk mill, 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) Near Indianapolis (STATE OR COUNTRY) Indiana

13. NAME Henry Matthews

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

15. MAIDEN NAME Emeline Bray

16. BIRTHPLACE (CITY OR TOWN) Near Indianapolis (STATE OR COUNTRY) Indiana

17. INFORMANT Bon E. West (ADDRESS) R.R. 1 Boardman, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Clear Creek Cem DATE Jan-23 1938

19. UNDERTAKER Wm. H. Hoyer (ADDRESS) Boardman, Mo.

20. FILED Jan-25 1938 Wm. H. Hoyer Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23 1938

22. I HEREBY CERTIFY, That I attended deceased from April 6th 1937, to Jan 23 1938

I last saw her alive on Oct 23rd 1937. Death is said

to have occurred on the date stated above, at 4:40 A.M.

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

Myocarditis

Date of onset

Other contributory causes of importance:

cholesterol rheumatism

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? NO

If so, specify \_\_\_\_\_

(Signed) Wm. H. Hoyer, M. D.291 (Address) Springfield, 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.

