REC'D JUL 19 1938

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

21443
Do not use this space.

1. PLACE OF DEATH

(a) County Butler — Registration District No. 88

(b) Township Neeley — Primary Registration District No. 5130 — Registered No. 34

(c) City Neelyville — (d) Street No. ..... 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 Melverta Mathews 320

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
fm	w	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10, 1921

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	16	11	15	

OCCUPATION

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

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) Neelyville 0 Missouri 1

FATHER

13. NAME Ned Mathews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 1

MOTHER

15. MAIDEN NAME Mandy Patterson

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

17. INFORMANT (ADDRESS) Ned Mathews Neelyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Neelyville, Mo. DATE May 27, 1938

19. FUNERAL DIRECTOR (ADDRESS) Greer-Croy Funeral Service Poplar Bluff, Missouri

20. FILED 6-1-1938 R. L. Turner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to May 25, 1938
I last saw her alive on May 15, 1938. Death is said to have occurred on the date stated above, at 4: p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset about 1936

23a

Other contributory causes of importance:

none

Name of operation none Date of .....
What test confirmed diagnosis? Sputum [illegible] 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) [illegible], M. D.
(Address) Naylor Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Grover W. Greer, Licensed Embalmer No. 2964

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Grover W. Greer

Licensed Embalmer No. 2964

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.)