REC'D AUG 11 1938

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

24829
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 790
(c) City Saint Joseph — (d) Street No. 1302 Sylvanie 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 71 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Nellie Lee Matney 350
(a) Residence, No. 1302 Sylvanie 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: 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 --- James A Matney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1864

7. AGE: YEARS 74 — MONTHS 2 — DAYS 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) July 25, 1938
11. Total time (years) spent in this occupation 51

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick City, Maryland

FATHER
13. NAME Philip Buddy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Littlestown, Pennsylvania

MOTHER
15. MAIDEN NAME Margaret S. Stein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frederick City, Maryland

17. INFORMANT James A. Matney
(ADDRESS) 1302 Sylvanie Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Auburn Cemetery August 1, 1938

19. FUNERAL DIRECTOR E. R. SIDENFADEN FUNERAL HOME
(ADDRESS) 602 South 10th Street

20. FILED 7/30 1938 H. J. Westebush
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1st, 1936, to July 29, 1938
I last saw her alive on July 29, 1938 Death is said to have occurred on the date stated above, at 9:50 P.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Bladder — Date of onset July 21st 1938
53B.

Other contributory causes of importance:
arterio-sclerosis
cardio-renal
decompensation

Name of operation o — Date of o
What test confirmed diagnosis? Clinical — 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) Cecelia King McGill, M. D.
(Address) King Hill Bldg suite 9

(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, Earl Clark, Licensed Embalmer No. 3476

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

L. E.

No. and by Mollie Sidenfaden, Registered Apprentice No. 145

working under my personal supervision.

Signed Earl A Clark

Licensed Embalmer No. 3476

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)