

REC'D OCT 19 1938

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

31850
Do not use this space.

1. PLACE OF DEATH

(a) County Callaway Registration District No. 105
(b) Township St. Rupert Primary Registration District No. 4064
(c) City Smoke (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

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Olona Matteson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 8 29

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4-1938
22. I HEREBY CERTIFY, That I attended deceased from 4-7-1938, to 9-4-1938
I last saw him alive on 9-3-1938 Death is said to have occurred on the date stated above, at 115th a.m.
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. Housekeeper
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Metral Pyrexiation
of Heart
92
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Missouri

Other contributory causes of importance:
General Dropsy
Organic Congestion
of Liver & Kidney

FATHER 13. NAME M. M. Gilman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway County Missouri

MOTHER 15. MAIDEN NAME Lucy Payne

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

17. INFORMANT (ADDRESS) Mabel Zeigler
Smoke, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Riverside Suburrate Sept 5-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen G. Marpin
700 Court St. Fulton, Mo.

20. FILED Sept 5 1938 W.H. Williamson
Local Registrar.

Name of operation _____ 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? _____
If so, specify _____ (Signed) M. O. Payne, M. D.
Rt 9 Fulton, Mo. (Address)

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

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3
6

2
1

105

4064

18

167

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.