

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

Do not use this space.

NOV 7 1938

34577

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Ray Primary Registration District No. 1002
 City Kan City (No. 1818-Montgalt) St. _____ Ward _____

File No. _____
 Registered No. 3913
 St. _____ Ward _____

2. FULL NAME

Matilda M. Magill
 (a) Residence, No. 1818-Montgalt Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

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

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) widow

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

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

22. I HEREBY CERTIFY, That I attended deceased from 9-6-1938 to 10-5-1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19-1865

I last saw him alive on 10-4-1938, 1938 Death is said to have occurred on the date stated above, at 2:45 p. m.

7. AGE YEARS 72 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

Coronary Arteriosclerosis Date of onset 10-7-38

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

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 1

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Other contributory causes of importance:

Chronic Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 9

13. NAME Chas Stoddard

Name of operation none Date of _____

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

What test confirmed diagnosis Chronic Was there an autopsy? no

15. MAIDEN NAME Matilda Bennett

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

17. INFORMANT (ADDRESS) Irvin Woodman 1818 Montgalt

Manner of injury no
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Brookings DATE Oct 7-38

24. Was disease or injury in any way related to occupation of deceased? no

19. UNDERTAKER (ADDRESS) Bergthorn Funeral Home

If so, specify _____ (Signed) R. A. Grayson, M. D.
 (Address) Carlsbad Park, Mo.

20. FILED Oct 7 1938 M. M. Crowe Registrar.

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.

