REG'D NOV 3 1938

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

35643
Do not use this space.

1. PLACE OF DEATH
(a) County Gasconade
(b) Township
(c) City Owensville
Registration District No. 305
Primary Registration District No. 4184
Registered No.
(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.
320

2. PRINT FULL NAME Perry Pettis Matthews
(a) Residence, No. Owensville Mo 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Louise Matthews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12. 1881
7. AGE: Years 57 Months 7 Days 20 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Rural Letter
9. Industry or business in which work was done, as saw mill, bank, etc. Carrier
10. Date deceased last worked at this occupation (month and year) 10-1-38
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Red Bird Mo

FATHER
13. NAME Dr. N. G. Matthews
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Eligabeth Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Mrs. Ida Matthews
(ADDRESS) Owensville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Owensville DATE 10-5- 1938
19. FUNERAL DIRECTOR (NAME) Tappmeyer & Murray
(ADDRESS) Owensville, Mo
20. FILED Oct. 3rd 1938 J J Terrell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1938
22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1938, to Oct 2, 1938
I last saw him alive on Oct 2, 1938. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	10-2-38

Other contributory causes of importance:

Name of operation None 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? No
If so, specify
(Signed) Charles A. Schmidt M. D.
(Address) Gerald 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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, 10-2-38

Robert M. Murray, or by

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

Signed Robert M. Murray

Licensed Embalmer No. 2749

P. O. Address Owensville, Mo.

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

35-643
Do not use this space.

1. PLACE OF DEATH
(a) County: Gasconade Registration District No.: 305
(b) Township: Primary Registration District No.: 4184 Registered No.: 20
(c) City: Owensville (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: Perry Pettis Matthews
(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): M

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

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

7. AGE: Years 57 | Months 7 | Days 20 | If LESS than 1 day, ...hrs. or ....min.

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.
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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Red Bird Gasconade Co.

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE ....19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Oct 3, 1938 J. J. Terrell, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....19.., to ....19..
I last saw h.... alive on ....19.... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset

Other contributory causes of importance:

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?....
If so, specify....
(Signed) Charles Schmidt, M. D.
(Address) Gerald Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.