DEC 13 1938

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

38596
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan, 2 Registration District No. 85
(b) Township 1 Primary Registration District No. 1001 Registered No. 1099
(c) City St. Joseph, (d) Street No. 1521 Buchanan Avenue, 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Cleveland S. Mathews,
(a) Residence, No. 1521 Buchanan Avenue, 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: Male
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: Emma M. Mathews,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 3, 1891
7. AGE: YEARS 47 MONTHS 0 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Patrolman,
9. Industry or business in which work was done, as saw mill, bank, etc. Police Department
10. Date deceased last worked at this occupation (month and year) November 1938.
11. Total time (years) spent in this occupation 12

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buchanan County, Iowa,

FATHER
13. NAME: John Mathews,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syracuse, New York,

MOTHER
15. MAIDEN NAME: Jane Wrisley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Syracuse, New York,

17. INFORMANT (ADDRESS): Mrs. C. S. Mathews 1521 Buchanan Avenue,
18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Belle Plaine, Ia. DATE Nov. 4th. 1938
19. FUNERAL DIRECTOR (ADDRESS): Heaton-Bergeler Bowman 319 So. 10th. Str. Funeral Home
20. FILED Nov 3, 1938 A. J. Heidebrecht Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2nd, 1938
22. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from Nov 2nd, 1938 to ....., 19....
I last saw h..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 12, 30 P. M.
The principal cause of death and related causes of importance were as follows:

Acute Coronary Thrombosis — Date of onset 11/2-38

94 lb

Other contributory causes of importance: none

Name of operation ..... Date of .....
What test confirmed diagnosis? History 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) B. W. Tadlock — Coroner, M. D.
(Address) King Hill Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself - Oct. 2, 1938

L. E. —

No. — or by —, Registered Apprentice No. —

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)