

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.

REC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Douglas*

Township *Pikley*

City

(No.)

Registration District No. *272*

Primary Registration District No. *5380*

File No. *2153*

Registered No. *1*

St.

Ward)

2. FULL NAME *Steven Matney*

(a) Residence, No.

St.

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

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 *Cora Matney*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 15 - 1859*

7. AGE

YEARS *79*

MONTHS

DAYS *28*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) *Nov 1938*

11. Total time (years) spent in this occupation *life*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Superior Mo.*

FATHER

13. NAME *Elias Matney*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*

MOTHER

15. MAIDEN NAME *Marian Copley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind.*

17. INFORMANT (ADDRESS) *Archie Matney Superior Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis Mo.* DATE *1-14-39*

19. UNDERTAKER (ADDRESS) *Wattson Superior Mo.*

20. FILED *2-16-39*

Herry Burke
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan-13-39*

22. I HEREBY CERTIFY That I attended deceased from

....., 19....., to....., 19.....

I last saw him..... alive on....., 19..... Death is said

to have occurred on the date stated above, at *50* m.

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

Date of onset

not known no medical attendant

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) *C. J. Chubbhead* M. D.

(Address) *St. Louis Mo.*

RECEIVED

District Health Officer No. 6,

District File Number 6-39-229

Date Filed FEB 11 195