

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.

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

**11593**  
Do not use this space.

REC'D APR 6 1939

1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566

(b) Township Charleston Primary Registration District No. 3030

(c) City Charleston (d) Street No. \_\_\_\_\_ Registered No. 26

(e) Length of residence in city or town where death occurred 32 yrs 10 mos. 28 ds. (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_

(f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Joseph Albert Mattugly

(a) Residence, No. 304 N. Main St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 10, 1906

7. AGE YEARS 32 MONTHS 10 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Insurance Salesman

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) Charleston Mo.

FATHER

13. NAME H. R. Mattugly

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wagon County Ky.

MOTHER

15. MAIDEN NAME Willie Virginia Loughdale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Quincy Mo.

17. INFORMANT (ADDRESS) William Mattugly  
Charleston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE D. O. D. Cemetery DATE March 10 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Franklin Funeral Home  
Charleston Mo.

20. FILED 3-8 1939 F. D. Vernon Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8 1939

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ 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:

Killed in auto accident Date of onset \_\_\_\_\_  
Turn into a curve too  
and killed him self

Other contributory causes of importance: 210

Name of operation no Date of \_\_\_\_\_

What test confirmed diagnosis? request Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? accident Date of injury 3-8 1939

Where did injury occur? highway 55 - south of Charleston (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on highway 5 miles south of Charleston

Manner of injury auto accident

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) Frank D. Vernon M. D.  
Charleston Mo (Address) \_\_\_\_\_

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, \_\_\_\_\_

*Thomas E Bass*

\_\_\_\_\_, or by \_\_\_\_\_

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

Signed \_\_\_\_\_

*Thomas E Bass*

Licensed Embalmer No. \_\_\_\_\_

*3977*

P. O. Address \_\_\_\_\_

*Charleston Mo.*

**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.**