

JUL 14 1939

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

23060
Do not use this space.

1. PLACE OF DEATH

(a) County Randolph Registration District No. 736
(b) Township Prairie Primary Registration District No. 59EH Registered No. 11
(c) City _____ (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 86 yrs. 6 mos. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME John James Matthews

(a) Residence, No. R.F.D. #1 Clark Missouri St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
86 0 10

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer Retired
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) Randolph County
(STATE OR COUNTRY) Missouri

FATHER 13. NAME John B. Matthews

14. BIRTHPLACE (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Jane Ash

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

17. INFORMANT Mrs. Orville Owings
(ADDRESS) R.F.D.# 1 Clark Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope Cemetery June 6, 1939

19. FUNERAL DIRECTOR (NAME) Snow Funeral Home
(ADDRESS) Moberly Missouri.

20. FILED June 14 1939 Local Registrar. 662

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to June 5, 1939

I last saw him alive on June 3, 1939 Death is said to have occurred on the date stated above, at 8:40 A.M.

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

Chronic Nephritis Date of onset

Other contributory causes of importance:
77 poststatic pneumonia

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? No.
If so, specify _____
(Signed) R. Owings, M. D.
(Address) Clark Mo!

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 X 15805

RECEIVED
District Health Officer No. 10
District File Number 7-39-121
Date Filed JUL 11 1939

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, or by myself
and by R. M. Carter, Registered Apprentice No. 185
working under my personal supervision.

Signed Chas. G. Barnes

Licensed Embalmer No. 2414

P. O. Address Proterly 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.