

350 AUG 9 1939

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

24985
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. 144
 (c) City Columbia (d) Street No. Municipal Pool _____ 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 325 JOSEPH J. MATTESON

(a) Residence, No. 407 N. 1st St. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 1939

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

22. I HEREBY CERTIFY That I attended deceased from July 10, 1939, to Same, 1939.
 I last saw him alive on at dead when seen Death is said to have occurred on the date stated above, at 1:45 pm.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-15-1916

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 1 25

a. phlegmatia? (drawing) Date of onset

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City - Missouri

13. NAME J. S. Matteson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Missouri

15. MAIDEN NAME Pearl Mittelstedter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grant City Missouri

17. INFORMANT J. S. Matteson (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grant City, Mo. DATE 7-13 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Parkers Columbia, Mo.

20. FILED 7/11/39 Allie Selby Local Registrar.

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 G. Leek M. D.
 (Address) 411 1/2 S. 1st St. Columbia, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT OF WORK BY AN EMBALMER
FOR THE STATE OF MISSISSIPPI
IN THE YEAR 1900

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

Registered Apprentice No., working under my personal supervision.

Signed

M. V. Whitehead

Licensed Embalmer No.

3893

P. O. Address

Columbus, Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

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1. PLACE OF DEATH
 (a) County Boone Registration District No. 73
 (b) Township Primary Registration District No. 3006 Registered No. 144
 (c) City Columbia (d) Street No.
 (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 Joseph J. Matteson
 (a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (Write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 1 25

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)

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1939

22. I HEREBY CERTIFY, That I attended deceased from 1st 7-10-1939 to 6th 7-10-1939
 I last saw deceased on arrival at 1939
 to have occurred on the date stated above, at 1st m.
 The principal cause of death and related causes of importance are as follows:
Asphyxiation
due to
being a
since body was
and with some
past history of
discontinued

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? Accident Date of injury 7-10-1939
 Where did injury occur? Columbia, Mo, Municipal Swimming pool
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
public swimming pool
(no boat involved)

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. Beecher, D.
 (Address) Columbia, Mo.

SUPPLEMENT

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

STATE OF MISSOURI, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS

S-24985 1939