

NOV 24 1939

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

36419

Do not use this space.

1. PLACE OF DEATH

(a) County Jasper Registration District No. 417
 (b) Township JOPLIN Primary Registration District No. 5561.D Registered No. 94
 (c) City ~~Worth City~~ or (d) Street No. R.F.D. 1 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 42 yrs. mos. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. R#1 West City 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 <u> Male </u>	4. COLOR OR RACE <u> White </u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u> Married </u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> Mahala P. Matthews </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u> Jan 14 1871 </u>		
7. AGE	YEARS <u> 68 </u>	MONTHS <u> 9 </u>
	DAYS <u> 7 </u>	If LESS than 1 day, hrs. or min.
OCCUPATION	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. <u> mine </u>	
	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)	<u> Worth City, Mo. </u>	
FATHER	13. NAME <u> Robert L. Matthews </u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> Tenn. </u>	
MOTHER	15. MAIDEN NAME <u> Unknown </u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u> " </u>	
17. INFORMANT <u> Mrs. Mahala P. Matthews </u> (ADDRESS) <u> R#1 West City </u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u> Mount Hope </u> DATE <u> Oct 23 1939 </u> WORTH CITY UNDERTAKING CO.		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u> W. P. Dixon, Mo. </u>		
20. FILED <u> OCT. 23. 39 </u> 19 <u> R. P. Dixon </u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29 1939 to Oct. 19 1939
 I last saw him alive on Oct. 19 1939 . Death is said to have occurred on the date stated above, at 7:30 PM
 The principal cause of death and related causes of importance were as follows:
 Myocarditis
 Asthma

Other contributory causes of importance: Asthma

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) R. W. Cox M. D.
 Address 417 West City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED

District Health Officer No. 6,

District File Number 1139-2239

Date Filed NOV 2 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

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

Signed Clayton M. Johnston

Licensed Embalmer No. 3,922

P. O. Address Webb City, 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.