

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

Do not use this space.

1. PLACE OF DEATH

County Linn Registration District No. 391 File No. 43556
 Township Aradia Primary Registration District No. 5546a Registered No. 75
 City Home for Ag Retirees St. _____ Ward _____

2. FULL NAME

Mrs. Elizabeth Susan Matthews
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) Baptist Home, Monton, Mo. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8, 1861</u>		
7. AGE YEARS <u>78</u>	MONTHS <u>—</u>	DAYS <u>29</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Kentucky

FATHER 13. NAME James Matthews

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Martha Wright

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) John H. Burrey

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion Key DATE Dec. 9, 1939

19. UNDERTAKER (ADDRESS) Richardson Funeral Home
Harmington, Mo.

20. FILED Dec 7, 1939 R. C. Rasche
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/7, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 1st, 1938 to Dec. 7, 1939
 I last saw her alive on Dec. 7, 1939. Death is said to have occurred on the date stated above, at 3:45 a.m.

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

Broncho Pneumonia
93C

Date of onset

12/6/39

Other contributory causes of importance:
chronic myocarditis
Senility

Name of operation none Date of _____
 What test confirmed diagnosis? Phys exam. Was there an autopsy? no

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. C. Garland, M. D.

(Address) Monton, 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.

Handwritten signature or scribble.