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.

FILED DEC 11 1940

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

Do not use this space.

39546

File No. .....
Registered No. 54

1. PLACE OF DEATH
County: Putnam — Registration District No. 718
Township: Wilson 21 — Primary Registration District No. 5948
City: Lemons, Mo. (No. ..... St. ..... Ward)

2. FULL NAME: Charles Henry Matthew
(a) Residence, No. Putnam Co Mo Ward: Rural Lemons Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 0 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 8 1854

7. AGE: Years 86 — Months 7 — Days 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

FATHER
13. NAME: Morgan Matthew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Mary Deardoff
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): G B Matthew

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lemons DATE: ....., 19..

19. UNDERTAKER (ADDRESS): Geo. O. Hodson

20. FILED ....., 19.. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 15, 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov. 11, 1940, to Nov 16, 1940
I last saw him alive on Nov. 16, 1940. 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:

	Date of onset
Cerebral Thrombosis	11/11/40
131	
Other contributory causes of importance:	
General Arteriosclerosis	Yrs+
Chronic Nephritis	10 yrs

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) J Neal Martin, M. D.
(Address) Unionville Mo.

RECEIVED
District Health Officer No. 10
State File Number 12-40-2228
Date Filed DEC 7 1940