

FILED JAN 20 1941

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

43067
Do not use this space.

1. PLACE OF DEATH
(a) County Lincoln Registration District No. 491
(b) Township _____ Primary Registration District No. 4298 Registered No. _____
(c) City Troy (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 Corie Elizabeth Matthews
(a) Residence, No. Troy mo St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED Widowed of (OR) WIFE OF Thomas Matthews
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 8 1
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) Troy Missouri
13. NAME John M. Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Troy Mo.
15. MAIDEN NAME Judith Hubbard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT (ADDRESS) John Matthews Troy mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Edark Cem. DATE Dec 24 1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wayne Mc Coy Troy mo.
20. FILED Dec 24 40 M. H. Seal Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 22 1940
22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1940, to Dec 22, 1940. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy.
g2k
Other contributory causes of importance:
(1) Arterio-sclerosis
(2) Arteriosclerosis Fibroelastica
Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical Was there an autopsy? Yes
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. Selesch M. D.
Address Troy, mo.

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..... *Wayne McCarty*

Licensed Embalmer No. *3586*

P. O. Address *Troy 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.