

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

Do not use this space.

41608

1. PLACE OF DEATH

County Montrou Registration District No. 571
Township Walker Primary Registration District No. 5269
City (No. _____) St. _____ Ward _____

2. FULL NAME

Everett Thomas Matthews

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 23 - 1931

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Montrou Co

13. NAME Earl Matthews

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Osage Co

15. MAIDEN NAME Flossie Murry

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

17. INFORMANT Leonard Mattheu

18. BURIAL, CREMATION, OR REMOVAL PLACE McKurt DATE 12/24/31

19. UNDERTAKER (ADDRESS) William & Fred Meyers

20. FILED 12-24 19. 31 Geo. N. Roth Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 24 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
I last saw him alive on Dec 23 - 31, 19____. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Abortion - 6 months
159
161 B
Other contributory causes of importance:
161 B

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) L.M. Gray, M. D.
(Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

