

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

11259

## 1. PLACE OF DEATH

County JacksonRegistration District No. 389

File No. \_\_\_\_\_

Township NewPrimary Registration District No. 218Registered No. 1530City Kennett(No. St. Luke Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. 2004-E-82nd St. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

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

Harry Crawford

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Apr-8-1879

7. AGE

45

YEARS

MONTHS

0

DAYS

4

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Wife

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kansas

10. NAME OF FATHER

Wm. Matlack

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

12. MAIDEN NAME OF MOTHER

Ann R. Matlack

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14.

INFORMANT

(Address)

Harry Crawford  
2004-E-82nd St.

15.

FILED

4/14, 1934

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR)

April-12-1934

17.

I HEREBY CERTIFY, That I attended deceased from

1934, to Apr 12, 1934.that I last saw him alive on Apr 11, 1934, and that death occurred, on the date stated above, at 4:30 AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Internal Hemorrhage

CONTRIBUTORY (SECONDARY)

abdominal operation  
Tubercles

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 10-24WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS? Hemorrhage(Signed) E. O. Cantree, M. D.24/13, 1934 (Address) 920 Chamber's Bldg

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Forest Hill Apr-14-1934

20. UNDERTAKER

ADDRESS

Mrs. E. L. Foster Kennett

