

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

Do not use this space.

36052

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No.) St. Ward

85
Registration District No.
Primary Registration District No. 1001

File No.
Registered No. 1294
St. Ward

2. FULL NAME

David Arnold Mathis

(a) Residence. No. 915 No 4 St. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 17 da. / How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 - 27

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 1 13 — — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Weatherby
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Geo W. Mathis

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cedar Rapids
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Mary Ruth

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Melroe
(STATE OR COUNTRY) Miss

14. INFORMANT Geo W. Mathis
(Address) St Joseph, Mo

15. FILED John S. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/18 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 18th, 1927, to Dec 18th, 1927 that I last saw him alive on Dec 18th, 1927, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

John肺炎
108
106A/101W (duration) yrs. mos. 4 da.
CONTRIBUTORY cold
(SECONDARY) (duration) yrs. mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) W.H. Morris, M.D.

12/19, 1927 (Address) 1503 Savanah St. St. Joseph, Mo
*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maysville Mo. DATE OF BURIAL 12/20 1927

20. UNDERTAKER Flemons Funeral Home ADDRESS 1708 Francis

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.

1928

DEC 19 1927

