

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

Do not use this space.

34248

1. PLACE OF DEATH

County Lafayette
Towship Douglas
City Douglas (No. 1100)

Registration District No. 460
Primary Registration District No. 3223-B

File No.
Registered No. 68 St. Ward

2. FULL NAME

Philip Gaw Matthew

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 15, 1947</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
	<u>91</u>	<u>10</u>	<u>18</u>		
8. OCCUPATION OF DECEASED					
(a) Trade, profession, or particular kind of work					
(b) General nature of industry, business, or establishment in which employed (or employer)					
(c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) <u>Douglas</u> (STATE OR COUNTRY) <u>Mo</u>					
10. NAME OF FATHER <u>Phillip G. Matthew</u>					
11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Var.</u> (STATE OR COUNTRY)					
12. MAIDEN NAME OF MOTHER <u>unborn</u>					
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>unborn</u> (STATE OR COUNTRY)					

PARENTS

14. INFORMANT W. B. Harlan
(Address) Higginsville, Mo
15. FILED 10-4-41 Doris Porter
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 2 1949
17. I HEREBY CERTIFY, That I attended deceased from Sept 12, 1949 to Oct 2, 1949 that I last saw him alive on Oct 2, 1949, and that death occurred, on the date stated above, at 12:00 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Pneumonia
932
10714 (duration) yrs. mos. 14 ds.
CONTRIBUTORY Chronic Myocarditis
(SECONDARY) (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. Dabney G. Galt, M. D.
, 19 (Address) Higginsville, 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 Confederate Home DATE OF BURIAL 10/4 1949
20. UNDERTAKER W. B. Harlan ADDRESS Higginsville, Mo

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.

