

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton, Mo. No. 6625

Registration District No. 790
Primary Registration District No. 6033

File No. 37285-a
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Maudie Ivy Mathews
(a) Residence No. 6625 Clayton St. Ward _____
(Usual place of abode) Clayton Mo. (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 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 J. B. Mathews

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17-1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Des Moines Iowa

10. NAME OF FATHER John Miles

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Louisa Hill

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

14. INFORMANT (Address) J. B. Mathews 6625 Clayton

15. FILED 11-28 1930 R. D. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 27th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 5 1930, to Nov 27 1930.
that I last saw him alive on Nov 26 1930, and that death occurred, on the date stated above, at 5:29 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Encephalitis,

(duration) yrs. mos. ds.
50 6 0

CONTRIBUTORY (SECONDARY) Locomotor ataxia

(duration) 1 yrs. 6 mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF _____

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical examination
(Signed) M. S. Jennings M. D.

Nov. 27 1930 (Address) 4101 Washington Blvd.

*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 DATE OF BURIAL
Bellefontaine Tenn 11/29 1930

20. UNDERTAKER ADDRESS
C. R. Lupton 4449 Olive St.

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.

NOV 27 1931

To Mr Wright per my
4104 4201 Washington

Lindell 1485

9-13 - 1-3