

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

Do not use this space.

32833

**1. PLACE OF DEATH**

59 County Liverty, Mo. Registration District No. 508  
 1 Township Shillie, Mo. Primary Registration District No. 3026  
 7 City Shillie, Mo. (No.       ) St.        Ward       

File No.         
 Registered No. 128

**2. FULL NAME** Miss Mathilda England

(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 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. T. England  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 16, 1867  
 7. AGE YEARS 65 MONTHS 9 DAYS 9 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 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) Wisconsin

MOTHER 13. NAME Henry Wittich

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Augusta Metzger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mathilda England (ADDRESS) Shillie, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Edge work DATE 10/27, 1932

19. UNDERTAKER P. M. Marshall (ADDRESS)       

20. FILED 10/27, 1932 P. Barney Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/25<sup>th</sup>, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1931, to Oct 25, 1932  
 I last saw her alive on Oct 20, 1932 Death is said to have occurred on the date stated above, at 8:00 p. m.  
 The principal cause of death and related causes of importance were as follows:

Valvular Disease Date of onset 1929  
Heart  
90 A  
90 A  
 Other contributory causes of importance:       

Name of operation Physect Date of         
 What test confirmed diagnosis?        Was there an autopsy? no

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? no  
 If so, specify         
 (Signed) Richard D. Jones, M. D.  
 (Address) Shillie, Mo.

WRITE PRINTED, 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 25 1932

