

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

Do not use this space.

34273

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. 1003
City..... (No. 2114 Clark) St. Ward.....

File No.
Registered No. 9633
St. Ward.....

2. FULL NAME

Matter James Carolyn

(a) Residence, No. 2114 Clark St. Ward..... (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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30-1888
7. AGE YEARS 44 MONTHS 8 DAYS 23 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Perryville Mo

13. NAME James Carolyn

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

15. MAIDEN NAME Angora Jarry

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

17. INFORMANT Joe Carolyn (ADDRESS) 2114 Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Christ's Ill DATE 1/24/32

19. UNDERTAKER Boys Williams & Co (ADDRESS) 4209 Eastern

20. FILED 101 31 1932 19 Max C. Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/20 1932

22. I HEREBY CERTIFY, That I attended deceased from No physician I last saw h. alive on all instances to have occurred on the date stated above, at 10 P m. The principal cause of death and related causes of importance were as follows:

Chronic
930 Myocarditis
Other contributory causes of importance:

Name of operation..... 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? If so, specify.....

(Signed) J. J. [Signature] (Address) Boys Williams

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.

