

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

Do not use this space.

22627

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File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH  
 County Polk Registration District No. 201  
 Township Liberty Primary Registration District No. 5280  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Loamia Ornye Matt  
 (a) Residence, No. Liberty, Mo. 1007 Home Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 9 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF- <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30-1854</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>10</u>
		DAYS
		<u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Janitor</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1007 Home</u>		
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) <u>Clearmont Ohio</u>		
13. NAME <u>Loamia O. Matt</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clearmont Ohio</u>		
15. MAIDEN NAME <u>Mary Jane Whelan</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clearmont Ohio</u>		
17. INFORMANT (ADDRESS) <u>Paul A. Rogers Liberty Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buymers</u> DATE <u>8/1</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Chas. Archer Co Liberty Mo</u>		
20. FILED <u>7/31</u> 19 <u>33</u> <u>OT Brand</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1933

22. I HEREBY CERTIFY that I attended deceased from June 15 1933 to July 31 1933  
 I last saw him alive on July 29 1933 Death is said to have occurred on the date stated above, at 1091  
 The principal cause of death and related causes of importance were as follows:  
Myocardial Degeneration Date of onset 930  
 Other contributory causes of importance: 930

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) H. Matthews M. D.  
 (Address) Liberty Mo

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.

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