

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

Do not use this space.

32910

1. PLACE OF DEATH

County Iron Registration District No. 391
 Township Armadia Primary Registration District No. 4230
 City Ironton (No.) St. Ward)

File No.
 Registered No. 51

2. FULL NAME

L. W. H. Mathews
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF Mellie Mathews
 OR WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 1 - 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 1

8. Trade, profession, or particular kind of work done, as spianer, sawyer, bookkeeper, etc. Minister

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Iron County Mo

13. NAME Tom Mathews

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

15. MAIDEN NAME Julia Kaufman

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

17. INFORMANT Mrs. M. Mathews
 (ADDRESS) Ironton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marble Creek DATE Oct 25 1933

19. UNDERTAKER Herman White & Son
 (ADDRESS) Ironton Mo

20. FILED Nov. 7 1933 R. A. Rasche
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 23 1933 to Oct 23 1933

I last saw him alive on Oct 23 1933. Death is said to have occurred on the date stated above, at 11:25 P m.

The principal cause of death and related causes of importance were as follows:

lancer of stomach Date of onset 1931

Other contributory causes of importance: 46

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? no
 If so, specify

(Signed) L. O. Anson M. D.
 (Address) Ironton, 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.

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