

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.

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

Do not use this space.

DEC 2 APR 22 1938

11829

1. PLACE OF DEATH

County Polk
Township McKinley
City (No. _____) (St. _____) (Ward _____)

Registration District No. 708
Primary Registration District No. 5737a

File No. _____
Registered No. 8

2. FULL NAME

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H Matlock</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 1859</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>8</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home Wf</u>	
	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 <u>1</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 25 1938 to March 17 1938

I last saw him alive on March 1 1938 Death is said to have occurred on the date stated above, at 4 P. m.

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

Other contributory causes of importance: 12/1

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>
	13. NAME <u>John Jump</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	15. MAIDEN NAME <u>Sarah Zumwalt</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>not known</u>
	17. INFORMANT (ADDRESS) <u>John Reitzrow</u>
18. BURIAL, CREMATION, OR REMOVAL	PLACE <u>Payne</u>
	DATE <u>March 19 1938</u>
19. UNDERTAKER (ADDRESS) <u>Hutchinson-Bone</u>	
20. FILED <u>3/19 1938</u>	Registrar <u>W. C. Zumwalt</u>

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? u
If so, specify _____
(Signed) W. C. Zumwalt, M. D.
(Address) Payne

636

