

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

Do not use this space.

19608

1. PLACE OF DEATH

County Jackson Registration District No. 1002
Township Kaw Primary Registration District No. _____
City K.C. Mo. (No. St. Joseph, Hospital) St. _____ Ward _____

File No. _____
Registered No. 2418
St. _____ Ward _____

2. FULL NAME

Richard Irving Matthews
(a) Residence, No. 7541 Penn St. J 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1915				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	16	6	12	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home			
	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) Kansas City, Mo. 1				
MOTHER / FATHER	13. NAME Harry C. Matthews			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas 2			
	15. MAIDEN NAME Lucille Michaux			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 1				
17. INFORMANT Harry C. Matthews (ADDRESS) 7541 Penn. K.C. Mo.				
18. BURIAL CREMATION, OR REMOVAL PLACE Forest Hill DATE 6-18-32 19				
19. UNDERTAKER R.V. Lindsey & Sons, Inc. (ADDRESS) K.C. Mo.				
20. FILED 6/17 19 <u>32</u> M. M. Crowe Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-16-32** 1932

22. I HEREBY CERTIFY, That I attended deceased from **6-13** 1932 to **6-16** 1932
I last saw him alive on **6-16** 1932 Death is said to have occurred on the date stated above, at

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

*Megacolon or Hypochondriac disease
Congenital
22 B
57 B
1932 B*

Other contributory causes of importance:
Paralytic Illness.

Name of operation **none** Date of

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Yes** Date of injury, 19.....
Where did injury occur? **At Home** (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Yes**
Nature of injury **Yes**

24. Was disease or injury in any way related to occupation of deceased? **No**
If so, specify

(Signed) **M. F. Jewell** M. D.
(Address) **203 Walnut Bldg.**

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.

