

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.

FILED JUL 15 1940

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

22313

Do not use this space.

## 1. PLACE OF DEATH

(a) County Monteau 3 Registration District No. 571  
(b) Township Walker 0 Primary Registration District No. 5769 Registered No. 39  
(c) or City (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

(a) Residence, No. 310 John Gottlieb Matti St.   
Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W</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>Lucy Matti</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8-1889</u>		
7. AGE	YEARS <u>81</u>	MONTHS <u>4</u>
	DAYS <u>2</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Retired</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>farmer</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>Switzerland</u> 7		
FATHER	13. NAME <u>John Peter Matti</u> 7	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u> 7	
MOTHER	15. MAIDEN NAME <u>Elizabeth Hurston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>	
17. INFORMANT (ADDRESS) <u>Emma Kattermier</u> <u>California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monteau Church</u> DATE <u>6/12</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Hillehaus &amp; Fredmeyer</u> <u>California Mo</u>		
20. FILED <u>6-13-1940</u> <u>H.P. Popejoy</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>6-11</u> 19 <u>40</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>2-27-</u> 19 <u>40</u> , to <u>6-11-</u> 19 <u>40</u> I last saw him alive on <u>6-6-</u> 19 <u>40</u> . Death is said to have occurred on the date stated above, at <u>3 P</u> m. The principal cause of death and related causes of importance were as follows: <u>Fractured hip</u> Date of onset <u>2-27-40</u>
Other contributory causes of importance: <u>Arteriosclerosis</u>
Name of operation <u>None</u> Date of.....
What test confirmed diagnosis? <u>Chemical</u> Was there an autopsy? <u>no</u>
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u>fell (unwarranted)</u> Date of injury <u>2-27, 1940</u> Where did injury occur? <u>County Home</u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. <u>no Co Home</u>
Manner of injury <u>residentship slipped on</u> Nature of injury <u>skull fract. Hip</u>
24. Was disease or injury in any way related to occupation of deceased? <u>no</u> If so, specify..... (Signed) <u>H.P. Popejoy</u> , M. D. (Address) <u>California Mo</u>

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**