

REC'D JAN 6 1938

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

44279
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 734
(b) Township Central Primary Registration District No. 5474 Registered No. _____
(c) City Fleming (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 124 Harry Otis Mattel St. (If nonresident, give city or town and State)
CAMPDEN MO. (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</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>Ida Potter</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-16-89</u>		
7. AGE <u>48</u>	YEARS <u>13</u>	MONTHS <u>20</u>
DAYS <u>20</u>		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>FARMER</u>	
	9. Industry or business in which work was done, as 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) <u>Daderille Mo.</u>		
FATHER	13. NAME <u>Issiac Mattel</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
MOTHER	15. MAIDEN NAME <u>LUCY DIMIT</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MISSOURI</u>	
17. INFORMANT (ADDRESS) <u>Ewing Mattel</u> <u>CAMPDEN MO.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CAMPDEN</u> DATE <u>9-7-38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>A. B. Brothers</u> <u>RICHMOND MO.</u>		
20. FILED <u>Sept 15</u> 1938 <u>Miss W. W. Madelleton</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:20 A.

The principal cause of death and related causes of importance were as follows:
Struck by railroad train while walking on tracks. Body crushed & mangled just

Other contributory causes of importance: 207 ft

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Accident Date of injury Sept 6, 1938
Where did injury occur? R.R. tracks West of Fleming Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by R.R. train
Nature of injury Crushed + mangled

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) W. W. Gaines M. D.
(Address) Richmond, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every statement 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.

STATEMENT BY LICENSED EMBALMER

I, J. B. Brothers, Licensed Embalmer No. 2001
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Maion E. Wilhoit
L. E. yes
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed Brother Francis Horn
Licensed Embalmer No. 2001

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.)