

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

PLACE OF DEATH

County Ray

Township Polk

or

Village Clairton

or

City _____ (NO. _____ St.; _____ Ward)

Registration District No. 935

File No. 9859

Primary Registration District No. 59922B

Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Mattie Abrson

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

DATE OF DEATH Mar 29 1915
(Month) (Day) (Year)

DATE OF BIRTH Mar 29 1888
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar 28, 1915, to Mar 29, 1915

AGE 26 yrs. 11 mos. 18 ds. If LESS than 1 day, ___ hrs. or ___ min.?

that I last saw her alive on Mar 28, 1915 and that death occurred, on the date stated above, at 5 P.M.

OCCUPATION (a) Trade, profession, or particular kind of work Housekeeping
(b) General nature of industry, business, or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
Phthisis Pulmonalis

BIRTHPLACE (City or town, State or foreign country) Clairton Co Mo

23A
(Duration) 2 yrs. 0 mos. 0 ds.

NAME OF FATHER Thos. Yehelsson

Contributory _____
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Clairton Co

(Signed) L. J. Prather M. D.
Mar 29, 1915 (Address) Clairton Mo

MAIDEN NAME OF MOTHER May Thompson

* State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

BIRTHPLACE OF MOTHER (City or town, State or foreign country) don't know

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Albert Alberson

Where was disease contracted If not at place of death? _____
Former or usual residence _____

(ADDRESS) Clairton

PLACE OF BURIAL OR REMOVAL Clairton DATE OF BURIAL Mar 30 1915

Filed Mar 30 1915 L. J. Prather REGISTRAR

UNDERTAKER _____ ADDRESS _____

