

**DIVISION OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County Madison Registration District No. 825 File No. 279
 Township Seville Primary Registration District No. 2868 Registered No. 43341
 or Village Seville No. _____ St. _____ Ward _____
 or City of _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

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.

2 FULL NAME Clifford Virgil Matteson Did Deceased Serve in U. S. Navy or Army _____
 (a) Residence. No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. Single, Married, Widowed, or Divorced (write the word)** _____

6a. If married, widowed, or divorced
 HUSBAND of _____ (or) WIFE of Widower

6. DATE OF BIRTH (month, day, and year) Nov 24 - 1861

7. AGE Years _____ Months 0 Days 24 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Long Goods
10. Date deceased last worked at this occupation (month and year) Dec 13, 1931 **11. Total time (years) spent in this occupation** _____

12. BIRTHPLACE (city or town) Seville (State or country) _____

13. NAME Worcester P. Matteson

14. BIRTHPLACE (city or town) Seville (State or country) _____

15. MAIDEN NAME Mary Hulbert

16. BIRTHPLACE (city or town) Seville (State or country) _____

17. INFORMANT The Signature of Clifford J. Jones and (Address) Seville, O.

18. BURIAL, CREMATION OR REMOVAL Place Seville Cemetery Dec 20 1931

19. UNDERTAKER R. D. Armstrong (Address) _____

19a. Was body embalmed yes Embalmer's No. 5184

20. FILED 12/19/31 Ralph G. Harn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec 18, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1931, to Dec 18, 1931.

I last saw him alive on Dec 18, 1931, death is said

to have occurred on the date stated above at 12:45 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Acute dilatation of heart brought on by an attack of heart indigestion Date of onset Dec 18, 31

CONTRIBUTORY CAUSES of importance not related to principal cause: _____

Name of operation _____ Date of _____

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

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?

no

If so, specify _____

(Signed) H. E. Hard M. D.

Date Dec 18, 1931 Address Seville, Ohio