APR 27 1927

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

Do not use this space.

8926

1. PLACE OF DEATH

County Marion — Registration District No. 547 — File No.

Township ~~Mason~~ — Primary Registration District No. 3079 — Registered No. 87

City Hannibal (No. 1227 Lyon St. 5 Ward)

2. FULL NAME Amelia Mangels

(a) Residence. No. 1227, Lyon St, St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Henry Mangles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 21 1853

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
73	4	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Vanvert (STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Peter Coleman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Margaret Manger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT Frank Mangels (Address) 1227 Lyon St.

15. FILED 3/21 1927 C E Strode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar, 16, 27 19

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1926, to Mch 16, 1927 that I last saw her alive on Mch 16, 1927, and that death occurred, on the date stated above, at 10:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coma

131

(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Brights Disease

(duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. E. Salyer, M.D.

, 19 (Address) Hannibal Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Riverside — DATE OF BURIAL 3/18 1927

20. UNDERTAKER Wm M Smith — ADDRESS Hannibal

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.