

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

Do not use this space.

8468

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No. St. Ward)

Registration District No. 2976
Primary Registration District No. 2976

File No.
Registered No. 79

2. FULL NAME Junior Raymond McMan

(a) Residence. No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 11 mos. 26 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/17/1926

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>11</u>	<u>26</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Washington Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Fred McMan

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

12. MAIDEN NAME OF MOTHER Vina Helms

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

14. INFORMANT Vina Helms McMan
(Address) Jefferson & Butcher Street

15. Mar 14 1928 O. L. Murch
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 11 1928, to Mar 13 1928 that I last saw him alive on Mar 13 1928, and that death occurred, on the date stated above, at 4:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Empyema (right)
10%
110% 10/1/28
(duration) yrs. 1 mos. da.
CONTRIBUTORY Lobar Pneumonia
(SECONDARY)
(duration) yrs. 1 mos. 20 da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Place of Death

2 DID AN OPERATION PRECEDE DEATH? yes DATE OF Mar 13 1928
WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS. operation & Laboratory
(Signed) Robert R. Cutler, M. D.
3/13, 1928 (Address) Washington, 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 Lutheran Cemetery DATE OF BURIAL March 14th 1928

20. UNDERTAKER Otto & Co By Geo H Otto ADDRESS Washington Mo

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.

1928

