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

Do not use this space.

16951

1. PLACE OF DEATH

County: Jackson — Registration District No. 396

Township: ~~Fort Osage~~ — Primary Registration District No. 4233

City: Buckner (No. ..... St. ..... Ward)

File No. .....

Registered No. 8

2. FULL NAME Ambrose Mann,

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 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)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR WIFE OF)~~ Irene Mann

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 14, 1836

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	91	7	20	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired farmer

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelby County
(STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Jesse P. Mann

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

12. MAIDEN NAME OF MOTHER Mary Thorp

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

14. INFORMANT Mrs. Ambrose Mann
(Address) Buckner

15. FILED 6-10, 1928 N D Rammerott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4 1928

17. I HEREBY CERTIFY, That I attended deceased from April 29, 1928, to May 4, 1928, that I last saw him alive on May 3, 1928, and that death occurred, on the date stated above, at 6.50 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
2 3A

31

Several (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) X

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? X

0 DID AN OPERATION PRECEDE DEATH? No. DATE OF X

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? X

(Signed) John W. Robertson, M. D.
, 19 (Address) Buckner, 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	DATE OF BURIAL
Six Mile Cemetery	May 6 1928
20. UNDERTAKER	**ADDRESS**
Vernon M. Reppert	Buckner

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.