AUG 23 1928

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

Do not use this space. Dr Raseberry

1. PLACE OF DEATH
County Green — Registration District No. 318 — File No. 23566
Township — Primary Registration District No. 2001 — Registered No. 550
City Springfield (No. St. John Hosp St. Ward)

2. FULL NAME Charley Oliver Manuel
(a) Residence. No. Fairfield Mo St., 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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 19 1882

7. AGE: 46 YEARS — MONTHS: 1 — DAYS: 7 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Polk County
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER J B Manuel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Polk County
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Emma McKinney
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Polk County
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Emma Manuel
(Address) Fair Play Mo

15. FILED 7-30 1928 O.C. Horst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute intestinal obstruction due to enterolith.

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) 118

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at Bolivar Mo.
DID AN OPERATION PRECEDE DEATH? yes DATE OF 7-26-28
WAS THERE AN AUTOPSY? yes.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E C Raseberry M.D
, 19 (Address) Springfield 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: Barren Creek — DATE OF BURIAL: 7/30 1928

20. UNDERTAKER: H H Kinney Co — ADDRESS: Springfield

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.