OCT 26 1928

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

Do not use this space.
D 30240

1. PLACE OF DEATH
County: Greene — Registration District No.: 318 — File No.:
Township: Springfield — Primary Registration District No.: 2001 — Registered No.: 676
City: (No. Springfield Baptist Hospital St.) Ward)

2. FULL NAME: Gerald C. Manes

(a) Residence. No. 1308 E. Pacific St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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): Feb 10-1918

7. AGE: Years 10 — Months 7 — Days 19 — If LESS than 1 day, hrs. or min.

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

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

PARENTS
10. NAME OF FATHER: Seth Manes
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Washington
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Hattie E. McArthur
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)

14. INFORMANT: Seth Manes
(Address) Springfield, Mo.

15. FILED 10-1-28, 19 C. C. Forst Jr. REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 29 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1928 to Sept 29, 1928 that I last saw h. alive on Sept 28, 1928 and that death occurred, on the date stated above, at 4 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Bronchial Pneumonia
1918
1918 (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Acute Lung Appendicitis (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 27
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
8-30, 1928 (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: Hickory Grove Pulaski Co. — DATE OF BURIAL: Sep 30 1928

20. UNDERTAKER: J. W. Klingner & Co. — ADDRESS: Boonville at Springfield, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.