OCT 30 1928
CT 30 1928

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

Do not use this space.

31202

1. PLACE OF DEATH
County Newton — Registration District No. 609 — File No. 95
Township W. Benton — Primary Registration District No. 5809 — Registered No.
City (No. St. Ward)

2. FULL NAME George Maness
(a) Residence. No. Rt 3 St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 77 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 2 1851

7. AGE: YEARS 77 — MONTHS 0 — DAYS 8 — 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) (STATE OR COUNTRY) MISSOURI

PARENTS
10. NAME OF FATHER John Maness
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tennesee
12. MAIDEN NAME OF MOTHER MARY HARMON
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennesee

14. INFORMANT Mrs Mary Maness
(Address) Mosho Mo Rt 3

15. FILED Sept 12, 1928 C. E. Maness REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 10 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1928, to Sept. 10, 1928 that I last saw he alive on Sept. 10, 1928, and that death occurred, on the date stated above, at 1:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
92A
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Dr. H. F. Barbarick, D.C. M. D.
9-11, 1928 (Address) Mosho. 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~~ Maness Cemetery — DATE OF BURIAL 9/12 1928

20. UNDERTAKER Bighom's — ADDRESS Mosho

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.