

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

Do not use this space.

37646

1. PLACE OF DEATH

County Monteau
Township Marion
City (No.)

Registration District No. 1095
Primary Registration District No. 5770

File No.
Registered No.
St. Ward

2. FULL NAME

Violet Marie Maness

(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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) April 30, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
7 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home 1578 820
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

10. NAME OF FATHER Jewel Maness

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

12. MAIDEN NAME OF MOTHER Frances Perry

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

14. INFORMANT Jewel Maness
(Address) Clarkburg, Mo

15. FILED..... 19.....

REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 30, 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 29 1928, to Nov 30 1928, that I last saw him alive on Nov 29 1928, and that death occurred, on the date stated above, at 2:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Paralysis caused by
trauma of spinal cord by
rupture of the covering
(duration) yrs. mos. ds.

CONTRIBUTORY Spina bifida
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) D.H. Redman, M.D.
, 19 (Address) Lipton 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 mt Marial cemetery DATE OF BURIAL 12-2-1928

20. UNDERTAKER Jewell E. Richard ADDRESS Lipton Mo
2466

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.

29 1928

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