

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

Do not use this space.

21781

1. PLACE OF DEATH

County Jasper
Township
City Carterville (No. _____)

Registration District No. 4077
Primary Registration District No. 2000

File No. _____
Registered No. 264
St. _____ Ward)

2. FULL NAME

Benjamin Claude Manes

(a) Residence. No. 474 N. Kentucky 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 28, 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>23</u>	<u>9</u>	<u>20</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labor Independent
(b) General nature of industry, business, or establishment in which employed (or employer) Gravel Co. 1218
(c) Name of employer 129

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Benjamin A. Manes

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

12. MAIDEN NAME OF MOTHER Mary F. Finley

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

14. INFORMANT Mrs. Mary P. Manes
(Address) 519 North Roane - Webb City, Mo.

15. FILED 6-21-1929 A. Benson Clark
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6.8 1929

17. I HEREBY CERTIFY, That I attended deceased from May 28 1929, to June 14 1929 that I last saw him alive on June 13, 1929, and that death occurred, on the date stated above, at 10:30 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Typhoid - abscess appendix - following injury -

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Probably injury to side

(duration) yrs. mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

18 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) [Signature] M. D.

6/19 1929 (Address) 7555 Pitt 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

Oronogo June 20 1929

20. UNDERTAKER Steele Und. Co. ADDRESS Webb City Mo.

25 1929
 22-8-20
 ANS should state...
 Exact statement of OCCUPATION is very important
 IN NAME of DEATH...
 22-8-20

**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wagon Registration District No. 407 File No. _____
 Township Cartersville Primary Registration District No. 4241 Registered No. 264
 City Cartersville (No. _____) St. _____ Ward _____

2. FULL NAME

Benjamin Claude Manes
 (a) Residence No. 424 N. Kentucky St. _____ Ward _____ (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ema Manes</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 28 - 1906</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>8</u>	DAYS <u>20</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer Independent</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Gravel Co.</u> (c) Name of employer _____		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/18 1929

17. HEREBY CERTIFY that I attended deceased from May 23 to June 14, 1929 that I last saw him alive on June 13, 1929, and that death occurred, on the date stated above, at 10:20 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Peritonitis - abscess appendix following injury - cane handle
 (duration) yrs. mos. ds. 8

CONTRIBUTORY (SECONDARY) Probably injury to side
 (duration) yrs. mos. ds. 20

18. WHERE WAS DISEASE CONTRACTED?
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
 WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) V. D. Pritchett, M. D.
6/9 1929 (Address) Webb City 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 Oronogo DATE OF BURIAL June 20 1929

20. UNDERTAKER Stule, Und. Co ADDRESS Webb City Mo

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

10. NAME OF FATHER Benjamin Manes

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

12. MAIDEN NAME OF MOTHER Mary F. Finley

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

14. INFORMANT Mrs Mary F. Manes
 (Address) 579 North Boone - Webb City Mo

15. FILED 8-3-1929 C. L. Gray REGISTRAR

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

Every item of information should be carefully recorded. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, etc., it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-21781