

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

Do not use this space.

27596

**1. PLACE OF DEATH**

County Jackson  
Township Osceola  
City Clinton (No. \_\_\_\_\_)

Registration District No. 391  
Primary Registration District No. 4230

File No. \_\_\_\_\_  
Registered No. 4-4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Helen Ruth Manzey

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**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) Feb 25<sup>th</sup> 1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>2</u>	<u>5</u>	<u>14</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Pilot  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer.

9. BIRTHPLACE (CITY OR TOWN) Pilot Knob Missouri  
(STATE OR COUNTRY)

10. NAME OF FATHER Wilfred Manzey

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

12. MAIDEN NAME OF MOTHER Edna Manzey

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

14. INFORMANT Wilfred Manzey  
(Address) Pilot Knob Mo.

15. FILED 8/19 1929 R.A. Rasche  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from July 27, 1929, to Aug 8, 1929, that I last saw her alive on Aug 8, 1929, and that death occurred, on the date stated above, at 12:30 8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cholera Suffering  
114 W (duration) yrs. mos. ds.

CONTRIBUTORY Congestion of Lungs  
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at Home in Pilot Knob Mo.

DID AN OPERATION PRECEDE DEATH? no. DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS?  
8/19/29 (Signed) Edward R. Y. Bamhouse, M. D.  
(Address) Clinton 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 Pilot Knob Mo. DATE OF BURIAL Aug 11 1929

20. UNDERTAKER H. P. White's Son ADDRESS Clinton Mo.

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.

PERMANENT RECORD

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