Dr Clark.

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

Do not use this space.

33268

File No. .....

Registered No. 120

1. PLACE OF DEATH

County Clay

Township Fishing River

City Excelsior Springs (No. ..... St. ..... Ward)

Registration District No. 148

Primary Registration District No. 3011

2. FULL NAME Joseph Victor Manussier

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

Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 26 - 1848

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
80	10	15	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Grain thief

(b) General nature of industry, business, or establishment in which employed (or employer) Stock

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Claude Victor Manussier

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

12. MAIDEN NAME OF MOTHER Marguet Poincet

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

14. INFORMANT Chas. McQuitty
(Address) Oklahoma City Okla.

15. FILED 10/11, 1929 W. D. Craven REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11 - 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 22 1929, to Oct 11 1929, that I last saw him alive on Oct 10th 1929, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Interstitial Nephritis with Uremia

210M

131 (duration) was not known yrs. mos. ds.

132 Shock from Automobile

CONTRIBUTORY (SECONDARY) Rib accident (duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED Basco Ill

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) H. J. Clark, M. D.

, 19 (Address) Excelsior Springs 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 Basco, Ill.

DATE OF BURIAL Oct 13 1929

20. UNDERTAKER Herbert Hope

ADDRESS Excelsior Sp