

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

Do not use this space.

41010

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township How Primary Registration District No. 1567 Registered No. 5419  
 City Manassas City (No. In Back Cor 1st & Grand) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Unknown Man  
 (a) Residence. No. Unknown 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Ma. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) unknown

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/24 1931

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

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) unknown

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Lobar pneumonia  
101

7. AGE YEARS MONTHS DAYS If LESS than 1 day: \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 70 years

101 (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work unknown  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER unknown

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

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

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) Stanley H. Hays M.D.  
 124, 1929 (Address) W. Deputy Coroner

12. MAIDEN NAME OF MOTHER unknown

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

\*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.

14. INFORMANT Coroner Official  
 (Address) K. G. 7th

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill Cem DATE OF BURIAL Jan 2 1930

15. FILED 1/31 1931 M. M. Crowe REGISTRAR  
Assr

20. UNDERTAKER Peter B. Lapetina ADDRESS R. C. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

26  
31

PARENTS

