

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

Do not use this space.

41728

APR 22 1931

1. PLACE OF DEATH
 County..... Shannon Registration District No. 824
 Township..... Emmuel Primary Registration District No. 6076
 City..... Emmuel, Mo. (No.) St. Ward

File No.
 Registered No.
 St. Ward

2. FULL NAME..... Charles Parker Mantle
 (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. 1 mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single
 (write the word)
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 2 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec-17-1930
 17. 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.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

unknown Cause
found dead in bed
2003 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 20510
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed) Frank Hyde, M. D.
12-17, 1930 (Address) Emmuel Mo

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

10. NAME OF FATHER Chas. H. Mantle
Mo

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

12. MAIDEN NAME OF MOTHER Ruth Parker

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

14. INFORMANT Charles Mantle
 (Address) Emmuel Mo

15. FILED 12-17, 1930 Frank Hyde M.D.
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Scimitville Mo DATE OF BURIAL 12-18-1930
 20. UNDERTAKER Burns ADDRESS Hilltop Spg Co 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.

