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

Do not use this space.

4176

1. PLACE OF DEATH

County: Scotland — Registration District No.: 809 — File No.:

Township: Harrison — Primary Registration District No.: 6054 — Registered No.: 2

City: (No. ..., ... St. ..... Ward)

2. FULL NAME Mary E. McManama

(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 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

FEB 21 1931

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: Wht.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. McManama

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-23-1844

7. AGE: Years 86 — Months 4 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 9786
(b) General nature of industry, business, or establishment in which employed (or employer): 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Knox Co. Mo 1

PARENTS
10. NAME OF FATHER: Redding Roberts
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): South Carolina 2
12. MAIDEN NAME OF MOTHER: Tate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Ed. T. Trill
(Address): Rutledge, Mo.

15. FILED 1-29, 1931 F. M. Johnson, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 24 1931

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 2 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Not Present at time of death.
(Chronic Valvular Heart Disease)
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Aortic Insufficiency
(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? [illegible]
DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? (3)

(Signed) Eugene Scheble Dennis, M.D.
1-25, 1931 (Address) Rutledge, 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: Harmony Grove — DATE OF BURIAL: 1/26/1931

20. UNDERTAKER: Kenoyer & Bailey — ADDRESS: Rutledge

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.