

MAR 24 1931

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

5121

1. PLACE OF DEATH

County Franklin
Township Washington
City Washington (No.)

Registration District No. 297
Primary Registration District No. 3016

File No.
Registered No. 14 St. Ward

2. FULL NAME Maurice Raymond Mantle

(a) Residence. No. E. Third St. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 4 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Child

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 4 20

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

9. BIRTHPLACE (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Raymond Mantle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Helen Neier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washington
(STATE OR COUNTRY) Missouri

14. INFORMANT Raymond Mantle
(Address) E. 3rd St., Washington, Mo.

15. FILED Feb 5 1931 O. L. Muench REGISTRAR
Feb.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1931 to Feb 4, 1931 that I last saw him alive on Feb 4, 1931, and that death occurred, on the date stated above, at 10:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Scarlet Pneumonia
8
108
..... (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Scarlet fever
..... (duration) yrs. mos. 9 ds.

18. WHEN WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) R. P. Cottle, M. D.
Feb. 5, 1931 (Address) Washington, 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 Catholic Cemetery DATE OF BURIAL 2/5 1931
Washington, Mo.

20. UNDERTAKER Otto & Co., Washington, 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.

