

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

Do not use this space.

5785

1. PLACE OF DEATH

County Randolph Registration District No. 7357
 Township _____ Primary Registration District No. 3034
 City Moberly (No. 452 Woodland) _____ St. _____ Ward _____

2. FULL NAME

Jay-Grithia Manuel
 (a) Residence No. 452 Woodland 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

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas A Manuel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 17th 1847
 7. AGE YEARS 85 MONTHS 8 DAYS 9
 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 13. NAME William B. Craig
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 15. MAIDEN NAME Sophia Clifford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky
 17. INFORMANT Mrs E. H. Deunflower (ADDRESS) Moberly, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Feb 28th 1932
 19. UNDERTAKER Mahon Son (ADDRESS) Moberly Mo
 20. FILED 2/28 1932 Thos. S. Fleming Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 26th 1932
 22. I HEREBY CERTIFY, That I attended deceased from 1/20/32 to 2/26/32
 I last saw her alive on 2/26/32 Death is said to have occurred on the date stated above, at 5:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Stroke of pneumonia
 Date of onset 1/24/32
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Riceil Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) W. F. Meigel, M. D.
 (Address) Moberly, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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