

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

Do not use this space.

9136

1. PLACE OF DEATH
 59 County Livingston Registration District No. 508 File No. _____
 Township _____ Primary Registration District No. 3026 Registered No. 26
 7 City Chillicothe (No. _____) St. _____ Ward _____

2. FULL NAME John F. Mann
 (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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret Mann
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-19-1847
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 6 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Franner (Ret)
 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) Louisville (STATE OR COUNTRY) Ky
 MOTHER 13. NAME James F. Mann
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT Charles Mann (ADDRESS) Chillicothe Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Mar 7, 1932
 19. UNDERTAKER (ADDRESS) Jay Gordon Chillicothe Mo
 20. FILED 3/5 19 32 R. Barney Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1932
 22. I HEREBY CERTIFY, That I attended deceased from Feb 12, 1932 to March 3, 1932
 I last saw him alive on Feb 3, 1932. Death is said to have occurred on the date stated above, at 3 P.m.
 The principal cause of death and related causes of importance were as follows:
Cirrhosis of Liver
1240 / 240
 Other contributory causes of importance: _____
 Date of onset Don't know
 Name of operation none Date of _____
 What test confirmed diagnosis? Physical Was there an autopsy? NO
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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) H. M. Grace M. D.
 (Address) Chillicothe - Mo.

N. B.—Every item of information should be carefully supplied. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. APR 27 1932

