

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

Do not use this space.

9659

1. PLACE OF DEATH

85- County Dulacki
Township Liberty
City Sunderland (No. _____)

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 10 St. _____ Ward _____

2. FULL NAME

Mary Ann Mance

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 - 1847</u>		
7. AGE	YEARS <u>84</u>	MONTHS <u>8</u>
	DAYS <u>23</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Housewife</u>	
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. <u>84</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Sum Co Ill, 2</u>		

FATHER	13. NAME <u>unknown</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Ill</u>
MOTHER	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT (ADDRESS) <u>Ed Mance Sunderland Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Marys Home 38-32</u>	
19. UNDERTAKER (ADDRESS) <u>R B Dupont</u>	
20. FILED <u>4.11</u> 19 <u>32</u> <u>Quest A. Oliver</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-7-32 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 30 1930 to March 7 1932

I last saw her alive on Feb 13 1932. Death is said to have occurred on the date stated above, at 10 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic Parenchymatous Nephritis Date of onset July 15/31

Other contributory causes of importance: Arteriosclerosis Oct 30 1930

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? ✓

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 _____ M. D.
(Address) W. Hall
Edw. M. D.

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.

MAY 28 1932

