

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.

22 1932

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

Do not use this space.

18975

1. PLACE OF DEATH
 21 County Chariton Registration District No. 172
 4 Township _____ Primary Registration District No. 4101
 1 City Mendon (No. _____) St. _____ Ward _____

2. FULL NAME Eddie Mae Manuwal
 (a) Residence, No. Eddie Mears 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)

File No. _____
 Registered No. 9
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
— — — 1

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Boty

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) Mendon MO

13. NAME Larry E. Manuwal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Mo

15. MAIDEN NAME Milmas Dicknor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scarfield, Mo.

17. INFORMANT (ADDRESS) Mrs O. W. Dicknor Mendon MO

18. BURIAL, CREMATION, OR REMOVAL PLACE Mendon DATE 6/27 1932

19. UNDERTAKER (ADDRESS) S. L. Baird Mendon MO

20. FILED 6/27 1932 W. W. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1932

22. I HEREBY CERTIFY That I attended deceased from June 26 1932 to June 27 1932
 I last saw him alive on June 26 1932 Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:
Asphyxiation
1976
1410 1570
 Date of onset From birth

Other contributory causes of importance:
Failure of the Coronary Arteries to close.

Name of operation _____ 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 _____
 (Signed) W. D. West M. D.
 (Address) Mendon MO

