

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.

JUN 27 1932

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

Do not use this space.

1. PLACE OF DEATH  
 102 County Shelby Registration District No. 833 File No. 21686  
 Township Jay Primary Registration District No. 8096 Registered No. 4  
 City Lebanon, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Louisa Charlotte 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 26 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 5 13

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

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

10. NAME OF FATHER Chas D Messer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Augusta (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Christina Gendrop

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Augusta (STATE OR COUNTRY) Missouri

14. INFORMANT E. R. Mann (Address) Lebanon Missouri

15. FILED June 10 1932 E. R. Mann REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 9 1932

17. I HEREBY CERTIFY, That I attended deceased from June 2, 1932, to June 9, 1932, that I last saw h. s. r. alive on June 7, 1932, and that death occurred, on the date stated above, at 3:09 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Insanity  
1 1/2 yrs. 6 mos. 2 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED at home (3)  
 IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) C. E. Gibson M. D.  
 19 (Address) Lebanon Mo.

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lebanon, Mo. DATE OF BURIAL June 16 1932

20. UNDERTAKER Brothers & Ininger ADDRESS Lebanon Mo.

0

2

APR 22 1959