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.

JAN 22 1933

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

Do not use this space.

38918

File No.

Registered No.

1. PLACE OF DEATH

County: Clay — Registration District No. 197

Township: Gallatin — Primary Registration District No. 5276

City: Gashland mo. (No. M.K.C. RR #5 St. Ward)

2. FULL NAME: George Haldman Mann

(a) Residence, No. Gashland mo. St., Ward. (If nonresident, give city or town and State)

(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Ma.

4. COLOR OR RACE: Wh.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND OF~~ (OR) ~~WIFE OF~~ Carrie Matilda Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1867

7. AGE: Years 65 — Months 5 — Days 3 — If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer

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) St Charles Mo.

FATHER

13. NAME Ambrose Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

MOTHER

15. MAIDEN NAME Irene Custer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Charles mo

17. INFORMANT Mrs Orville Warner

(ADDRESS) Gashland mo

18. BURIAL, ~~CREMATION, OR REMOVAL~~

PLACE Mt Washington DATE Dec 31 1932

19. UNDERTAKER Morton & Co

(ADDRESS) M.K.C.

20. FILED Dec 31 1932 John S Morton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec-20 1932 to Dec 29 1932

I last saw h. alive on Dec 29 1932. Death is said to have occurred on the date stated above, at 5 35 p m.

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

	Date of onset
Bronchial Pneumonia	
12 hr	
10 hr	

Other contributory causes of importance: Cholecystitis

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?

If so, specify

(Signed) Russell L Hodge, M. D.

Address Ford Kansas City Mo