

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

Do not use this space.

40228

1. PLACE OF DEATH

49 County Wapara Registration District No. 411
 Township Joplin Mo Primary Registration District No. 2002
 7 City Joplin Mo (No.) St. Ward
 5

2. FULL NAME

Herbert Carlton Mann
 (a) Residence, No. 707 Pearl 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 Male 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Emma Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5-1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
67 6 3

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

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

10. Date deceased last worked at this occupation (month and year) 7-1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Wis

13. NAME Asosa Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vermont

15. MAIDEN NAME Mary Pitts

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Mr. Dea Bree Phorus (ADDRESS) 2514 Wall St

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Dec. 13, 1932

19. UNDERTAKER (ADDRESS) Frank P. ...

20. FILED 129 1932 Herbert C. Mann Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1932 to Dec 8, 1932

I last saw him alive on Dec 6, 1932. Death is said to have occurred on the date stated above, at 6 P m.

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

Cerebral hemorrhage
87 A
J. J. W.
 Other contributory causes of importance:
 Date of onset

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) Herbert C. Mann, M. D.
 (Address) 630 Dejeant

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 24 1933

