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.

1933

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

Do not use this space.

1. PLACE OF DEATH
County Washington — Registration District No. 887 — File No. 4534
Township Butch — Primary Registration District No. 6179 — Registered No. 10
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME ~~Roa~~ Charles Edgar Manus
(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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1931
7. AGE YEARS 1 MONTHS 7 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —
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) Shirley Mo.

FATHER
13. NAME Roy Manus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fremit Mo.

MOTHER
15. MAIDEN NAME Margaret Cain
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shirley Mo.

17. INFORMANT (ADDRESS) Roy Manus
18. BURIAL, CREMATION, OR REMOVAL Potosi Mo.
PLACE Hoosmace Creek DATE 1-29 1933
19. UNDERTAKER (ADDRESS) Sparks & Sparks Potosi, Mo.
20. FILED 1-29, 1933 Jos. L. Thurman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28, 1933
22. I HEREBY CERTIFY, That I attended deceased from Jan 24, 1933, to Jan 28, 1933
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 2:30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia	
11A	
109A	

Other contributory causes of importance: Influenza

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) G. F. Cresswell, M. D.
(Address) Potosi Mo