

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

Do not use this space.

4952

**1. PLACE OF DEATH**

County Cambden Co Registration District No. 245 File No. \_\_\_\_\_  
 Township Stuyvesant Primary Registration District No. 5170B Registered No. 2  
 City Richland, Mo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sarah Manuel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1864</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>1-1-31</u>		11. Total time (years) spent in this occupation <u>56</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennant</u> <u>Indiana</u>		
13. NAME <u>James Manuel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Williamston</u> <u>North Carolina</u>		
15. MAIDEN NAME <u>Sarah Nicholas</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>North Carolina</u>		
17. INFORMANT (ADDRESS) <u>Mrs Sarah Manuel</u> <u>Richland Mo Rm</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Zion Epitatory</u> DATE <u>2-11-33</u> , 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>R. B. Seep</u> <u>Richland Mo</u>		
20. FILED <u>2-19-</u> 19 <u>33</u> <u>W. C. Peck</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9- 1933

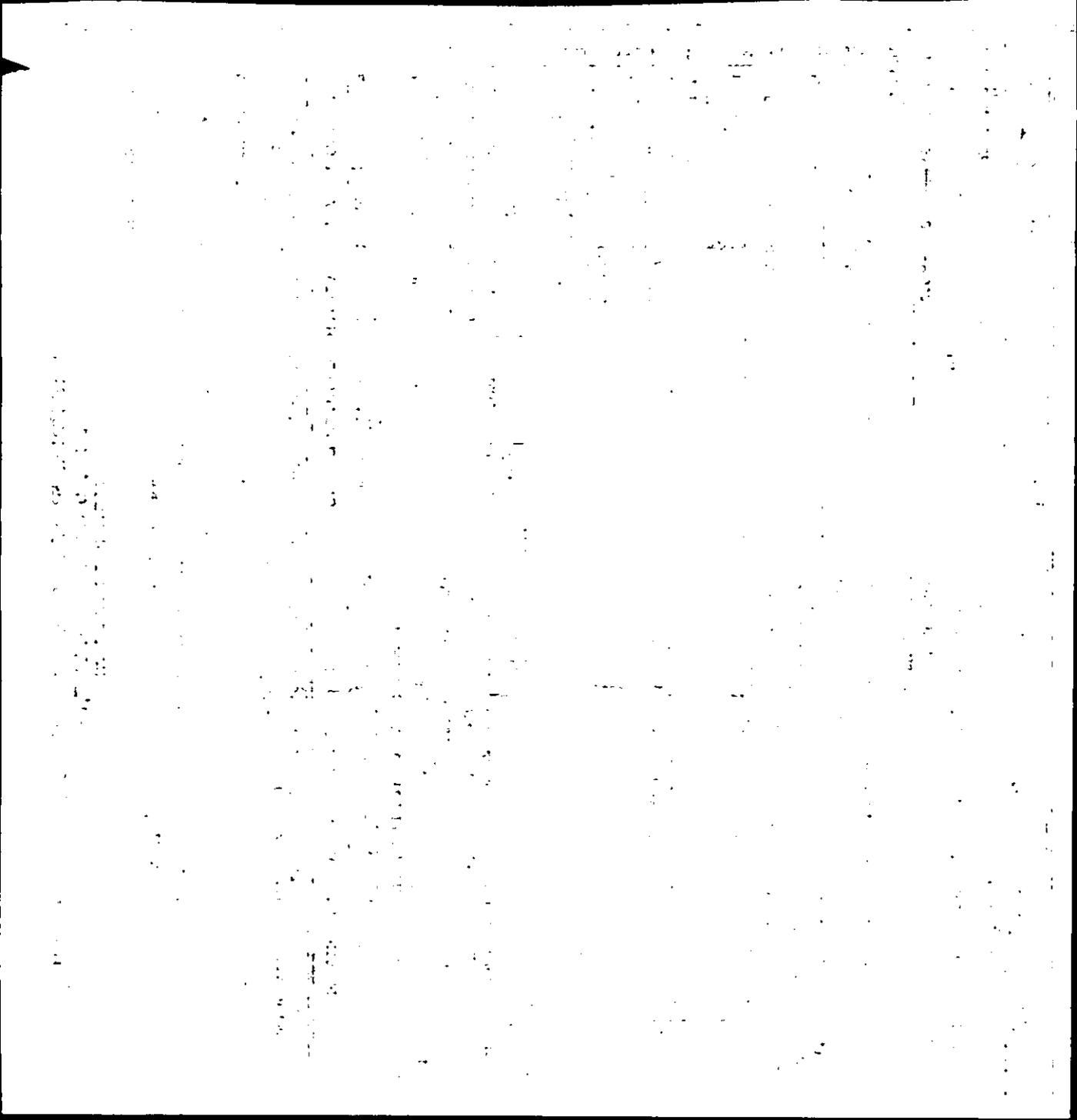
22. I HEREBY CERTIFY, That I attended deceased from Feb 9 - 1930, to Feb 9 - 1933  
 I last saw him alive on Feb 7 - 1933. Death is said to have occurred on the date stated above, at 3:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Uremia Date of onset 2-8/1933  
1 5/16  
 Other contributory causes of importance:  
Prostatic obstruction 2-8/1931

Name of operation Prostatectomy Date of 2-9-1931  
 What test confirmed diagnosis? Pathologic Was there an autopsy? No

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) Ernest A. Minor, M. D.  
 (Address) Richland, Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Boonville Registration District No. 275 File No. \_\_\_\_\_  
 Township Anglaize Primary Registration District No. 5170 B Registered No. 21  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Abi Lincoln Marshall

(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 16 - 1864</u>		
7. AGE	YEARS	MONTHS
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 . 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Prostate gland - 2-8-1933 Date of onset \_\_\_\_\_

SUPPLEMENTARY  
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Please state cause of obstruction of prostate.

I have given all the information that I know, as it was sent to me via mail.

Contributory causes of importance:  
Prostatic Obstruction

operation Prostatectomy Date of 2-8-33 confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

Death was due to external causes (violence), fill in the following:  
 suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 other injury occurred in industry, in home, or in public place.

injury \_\_\_\_\_  
 injury \_\_\_\_\_  
 case or injury in any way related to occupation of deceased? \_\_\_\_\_

(Signed) \_\_\_\_\_, M. D.  
 (Address) \_\_\_\_\_

(ADDRESS) \_\_\_\_\_  
 20. FILED 2-13 1933 W.C. Cozart  
 Registrar.

REGISTERED... NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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