

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

Do not use this space.

10298

1. PLACE OF DEATH

County Marion Registration District No. 547
Township Hambel Primary Registration District No. 3029
City Levering Hospital (No. Levering Hospital)

File No.
Registered No. 683
St. 6 Ward

2. FULL NAME

Albert F Mangke
(a) Residence, No. New London Mo. 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>Male</u>	4. COLOR OR RACE <u>White</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>Eliza Mangke</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 1 - 1852</u>		
7. AGE <u>80</u>	MONTHS <u>7</u>	DAYS <u>5</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	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)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u>		
MOTHER	13. NAME <u>Wilhelm Mangke</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
	15. MAIDEN NAME <u>Louiza Wadoman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT <u>Eliza Mangke</u> (ADDRESS) <u>New London Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bondy</u> DATE <u>9/8</u> 19 <u>33</u>		
19. UNDERTAKER <u>H. H. ...</u> (ADDRESS) <u>New London Mo</u>		
20. FILED <u>Feb. 12, 1933</u> <u>Clousier</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-24, 1933, to 3-6, 1933.
I last saw him alive on 3-6, 1933. 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:
Prostatism
Date of onset

Other contributory causes of importance:

Name of operation no 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? no 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) J. H. ... M. D.
(Address) Hambel Mo

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.

APR 24 1933

MARGIN RESERVED FOR BINDING

