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.

AUG 26 1933

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

Do not use this space.

File No. 23483

Registered No.

1. PLACE OF DEATH
County Jasper
Township Sabana
City Joplin (No. 2220 Pearl St. Ward)

Registration District No. 411
Primary Registration District No. 2002

2. FULL NAME Chas. O. McManamy MANGRNY

(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) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nellie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby 19-1875

7. AGE YEARS 58 MONTHS 4 DAYS 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tax Collector
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) Longton Kas.

FATHER
13. NAME John McManamy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

MOTHER
15. MAIDEN NAME Jennie Seabrook
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Chas Dorns McManamy

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest MC DATE July 11 1933

19. UNDERTAKER (ADDRESS) Hurlenthud Co

20. FILED 7-10, 1933 Ed D Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1933 to July 9, 1933
I last saw him alive on July 8, 1933 Death is said to have occurred on the date stated above, at 4a m.
The principal cause of death and related causes of importance were as follows:

Angina Pectoris
94 A

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical 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) H L Wilbur, M. D.
(Address) Joplin Mo