

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

Do not use this space.

30588

1. PLACE OF DEATH

County Pulaski Registration District No. 712
Township Liberty Primary Registration District No. 5941
City Richland (No. _____) St. _____ Ward _____

File No. _____
Registered No. 19 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 M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 20 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webberg mo

MOTHER FATHER 13. NAME J. H. Manes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulasky, Mo

15. MAIDEN NAME Sarah Ballard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulasky, Mo

17. INFORMANT Tommy Manes
(ADDRESS) Richland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland Mo DATE 9-25 1933

19. UNDERTAKER W. J. Super
(ADDRESS) Richland Mo

20. FILED 9-29-1933 Orville A. Oliver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to 9-23-1933
I last saw him on 9-23-1933. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
Chronic
Other contributory causes of importance: Pulmonary Infections
Unknown

Name of operation none Date of _____
What test confirmed diagnosis? _____ 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) D. C. Murshey M. D.
(Address) Richland Mo

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.

OCT 20 1933

