

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

Do not use this space.

37136

File No.
Registered No. 91 St. Ward)

1. PLACE OF DEATH
61 County Macon Registration District No. 5-33
Township W Primary Registration District No. 3-713
City Macon (No. St. Ward)

2. FULL NAME Virginia B Manbill
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 9 1933

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1933, to November 9, 1933 that I last saw her alive on Nov 9, 1933, and that death occurred, on the date stated above, at 1:30 A.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28 1863

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 11

Angina pectoris

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

CONTRIBUTORY (SECONDARY) acute (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

10. NAME OF FATHER Henry Swan

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) R. H. Still M. D.
. 19 (Address) Macon Mo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT Wm Manbill
(Address) Delaware

19. PLACE OF BURIAL, CREMATION OR REMOVAL DATE OF BURIAL
Delaware Mo 11/10 1933

15. FILED 11/10 33 Mrs Luke Kunkle
REGISTRAR

20. UNDERTAKER
Albert Kunkle Macon Mo

Exact statement of OCCUPATION is very important. DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state OCCUPATION in plain terms, so that it may be properly classified. DEATH in plain terms, so that it may be properly classified.

JAN 4 1934

