

MAR 24 1934

FEB 2 1934

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

Do not use this space.

7629

1. PLACE OF DEATH

County Wright
Township Hart
City Hartsville (No. _____)

Registration District No. 904Primary Registration District No. 4547

File No. _____

Registered No. 7

St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. Georgia Anna Manier
(Usual place of abode) Hartsville Mo St. _____ Ward. _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Richard Manier</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1 1881</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>7</u>	DAYS <u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</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 _____

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Merwood Douglas county Mo</u>
13. NAME <u>Ferris Harrison</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
15. MAIDEN NAME <u>unknown</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
17. INFORMANT <u>Bertha Manier</u> (ADDRESS) <u>Hartsville</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union</u> DATE <u>July 23 1934</u>
19. UNDERTAKER <u>Gene Haldren</u> (ADDRESS) <u>Hartsville Mo</u> <u>Man 9</u> 19 <u>34</u> <u>Carolyn Ellis</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1934
22. I HEREBY CERTIFY, That I attended deceased from Feb 17 1934 to Feb 21 1934
I last saw her alive on Feb 20 1934. Death is said to have occurred on the date stated above, at 4 P m.

The principal cause of death and related causes of importance were as follows:

108
108
Lobar Pneumonia Feb 18 1934
Other contributory causes of importance: _____

Name of operation _____ 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) J. R. Mott, M. D.
(Address) Hartsville 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.

