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 25 1934

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

Do not use this space.

10093

1. PLACE OF DEATH
County RANDOLPH Registration District No. 735
Township Primary Registration District No. 3034
City MOBERLY (No. , St. Ward)

File No.
Registered No. 37

2. FULL NAME NOLA MANGUS
(a) Residence, No. 511 N AULT 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF LEON MANGUS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 5, 1899
7. AGE YEARS 34 MONTHS 6 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) NOVINGER MO

FATHER
13. NAME Wm PETERSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME MINNIE GILSTRAP
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) LEON MANGUS MOBERLY MO
18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo. DATE 8/12 1934
19. UNDERTAKER (ADDRESS) Snow Leventon
20. FILED 3/12 1934 Virginia Walker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10 1934
22. I HEREBY CERTIFY, That I attended deceased from Coroner, 19 to , 19
I last saw h alive on , 19 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:
Suicide - From taking carbolic acid died from 48 minutes after taking - Took 3 ounces.
Date of onset
Other contributory causes of importance:
165
163
Name of operation 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? Suicide Date of injury 3/10 1934
Where did injury occur? Moberly Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Took Carbolic acid
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Maddox Coroner M.D.
(Address) Moberly Mo.