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

Do not use this space.

20592

1. PLACE OF DEATH
County: Jackson — Registration District No.: 1095 — File No.:
Township: Kansas — Primary Registration District No.: — Registered No.: 28
City: K. C. Mo. (No. General Hospital St. Ward)

2. FULL NAME: John Mc Manus
(a) Residence, No. 1523 Grand ave 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: Male
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1st 1866
7. AGE: Years 68 — Months 5 — Days 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: News Vendor
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): Dubuque Iowa

FATHER
13. NAME: John Mc Manus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y. State

MOTHER
15. MAIDEN NAME: Mrs Roddy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dubuque Iowa

17. INFORMANT (ADDRESS): Mrs E. W. McCurdy Dubuque Iowa
18. BURIAL, CREMATION, OR REMOVAL — PLACE: Dubuque Iowa DATE: 6/22 1934
19. UNDERTAKER (ADDRESS): Melody McGillen K. C. Mo.
20. FILED: 6/22 1934 M. M. Lorenz Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/21/34, 19
22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... I last saw him 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: Date of onset
Lung Congestion
Deputy Coroner
1074
Other contributory causes of importance:
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? 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) ....., M. D.
(Address)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD