

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

Do not use this space.

**1. PLACE OF DEATH**

County Randolph Registration District No. 735  
Township \_\_\_\_\_ Primary Registration District No. 3034  
City Moberly (No. 523 So. 4th)

File No. 26045  
Registered No. 129  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jemuel Manard

(a) Residence, No. 523 So 4th St., \_\_\_\_\_ Ward \_\_\_\_\_

(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) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Annabel Mayard  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28<sup>th</sup> 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
73 6 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
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) Ill

13. NAME William J. Manard

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Louisa

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

17. INFORMANT (ADDRESS) This Annabel Manard Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE July 14 1934

19. UNDERTAKER (ADDRESS) Mahan Boydson Moberly Mo

20. FILED 7/14 1934 Virginia Childer Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12<sup>th</sup> 1934

22. I HEREBY CERTIFY That I attended deceased from July 1 1934 to July 12 1934  
I last saw him alive on July 12 1934 Death is said to have occurred on the date stated above, at 9:45am.  
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: \_\_\_\_\_

Cancer of Mouth.  
450  
45  
Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chrom (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) M. R. Voland, M. D.

(Address) Moberly Mo

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

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.

AUG 10 1934

2980 20

