

SEP 19 1934

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

Do not use this space.

34915

1. PLACE OF DEATH

County Schuyler
Township Prarie
City Near Queencity, (No., St. Ward)

Registration District No. 106Primary Registration District No. 106

File No.

Registered No.

2. FULL NAME CORA Mann, St. Ward.(a) Residence, No.
(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Female

white

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFCharles Mann,6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8 1875

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.5931

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. House Work9. 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
occupation12. BIRTHPLACE (CITY OR TOWN) Near Queencity Mo.
(STATE OR COUNTRY)13. NAME John L. Hamilton14. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)15. MAIDEN NAME Addie Grimes16. BIRTHPLACE (CITY OR TOWN) Not Known
(STATE OR COUNTRY)17. INFORMANT Mrs Bill Burgin
(ADDRESS) Queencity Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jimtown cem- DATE Sept. 11 193419. UNDERTAKER Wm N. West Queencity Mo.
(ADDRESS)20. FILED Sept 10 1934 J. P. Jones
(ADDRESS) Registrar.21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 193422. I HEREBY CERTIFY, That I attended deceased from
Aug. 18, 1934, to Sept. 9, 1934I last saw her alive on Sept. 3, 1934. Death is saidto have occurred on the date stated above, at 11:20 P.M.

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

Magia About Aug. 20, 34
8:45 10:15

Other contributory causes of importance:

Arterial hypertension &
Insanity, alternating depress
ion & mania, for 2 yrs.

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)

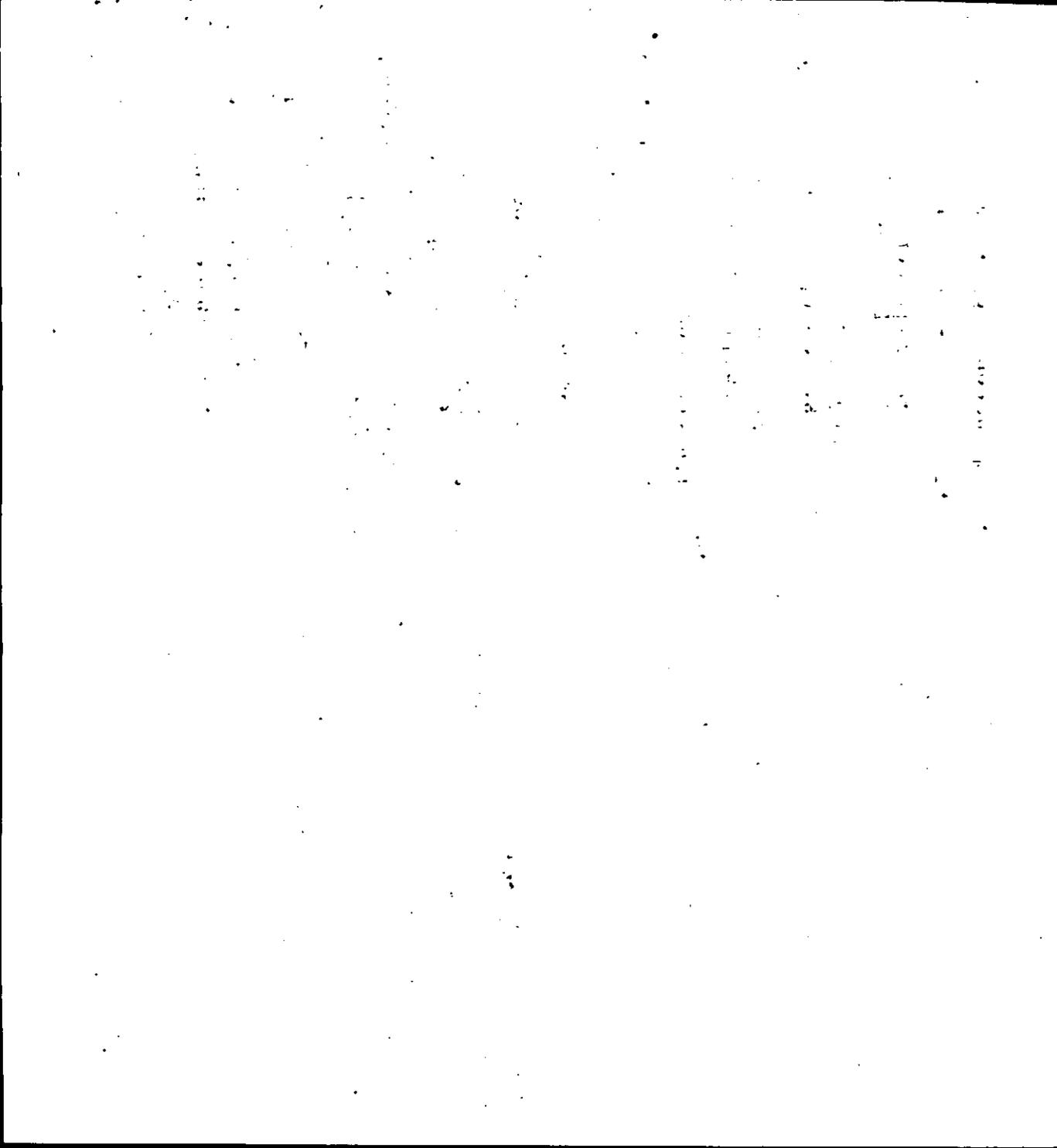
Specify whether injury occurred in industry, in home, or in public place.

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Eda M. Nulton, M. D.(Address) Lancaster, Mo.

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



**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Schuyler
Township Orange
City (No.)

Registration District No. 806
Primary Registration District No. 6052

File No.
Registered No.
St. Ward

2. FULL NAME

Cora Mann

(a) Residence, No. St. Ward
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Mar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-9-1934

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

22. I HEREBY CERTIFY, That I attended deceased from to , 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June-8-1875

I last saw h. alive on , 19 . Death is said to have occurred on the presented above, at m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min. 59 3 1

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

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.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Married
Deeply religious
for years
perhaps functional
Other contributory causes of importance No: not syphilitic

Date of onset not known
about a year and 1/2 ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE , 19

19. UNDERTAKER (ADDRESS)

20. FILED 9-10 1934 J. J. Jones Registrar

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)

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APR 6 1963

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