

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.

DEC 12 1934

516

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

Do not use this space.

1. PLACE OF DEATH

County Cochran
Township Springfield
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. State Hospital #2)

File No. 38547
Registered No. 1222
St. _____ Ward _____

2. FULL NAME

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

Length of residence in city or town where death occurred yrs. 1 mos. 15 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 Nellie Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4-1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 10 4

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. Laundryman

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) Unknown Iowa

13. NAME R O Mann

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

15. MAIDEN NAME Martha Oliver

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

17. INFORMANT (ADDRESS) Nellie Mann Carrollton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland cemetery DATE Nov. 9 1934

19. UNDERTAKER E. R. Fidenlader (ADDRESS) 602 South 10th St.

20. FILED 11-9- 1934 John R. Bendert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1934 to Nov 8 1934

I last saw him alive on Nov 7 1934 Death is said to have occurred on the date stated above, at 12:45 A. m.

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

Bronchitis Pneumonia Date of onset 11.3.34
107B

97 107A

Other contributory causes of importance:

Cerebro Arteriosclerosis

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 _____ No

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

If so, specify _____

(Signed) J. P. Bunch M. D.

(Address) State Hosp #2

