

MISSOURI STATE BOARD OF HEALTH

JUN 15 1935

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16345

1. PLACE OF BIRTH

County Jackson

Registration District No. 398

Township Independence

Primary Registration District No. 2019

City Independence (No. 428 North Cuba)

File No.

Registered No. 175

St. Ward)

2. FULL NAME

(a) Residence, No. 428 North Cuba 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 married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 9 16

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

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) Chesterfield South Carolina

13. NAME John C. Mangum

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

15. MAIDEN NAME Sarah E. Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield South Carolina

17. INFORMANT Mary E. Mangum (ADDRESS) 428 North Cuba

18. BURIAL OR REMOVAL PLACE Forest Hill DATE June 7 1935

19. UNDERTAKER George Pearson (ADDRESS) 101 North Pleasant

20. FILED 6-3- 1935 F. L. Cook Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30 1935

22. I HEREBY CERTIFY, That I attended deceased from St. Louis, 19.....

last saw him alive on Sept 19, 19..... Death is said

to have occurred on the date stated above, at 6:58 a.m.

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

Angina Pectoris Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury Nov 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) W. J. Lee, M. D.

(Address) 613 - Lee Street

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.

