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.

APR 23 1936

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

Do not use this space.

11952

File No.
Registered No.

1. PLACE OF DEATH
County: Pike
Township: Buffalo
City: Louisiana (No. Pike Co Hospital St. Ward)
Registration District No.: 689
Primary Registration District No.: 3033

2. FULL NAME: Maude Mann
(a) Residence, No. Louisiana 219½ 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Guy Mann
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/14-94
7. AGE: Years 42 Months 1 Days 19 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Gilgal Ill

FATHER
13. NAME: Alex Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockport Ill

MOTHER
15. MAIDEN NAME: Florence Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rockport Ill

17. INFORMANT (ADDRESS): Edna Edsell 2713 Walnut Alton Ill
18. BURIAL, CREMATION, OR REMOVAL PLACE: Riverview DATE: 3/26 36
19. UNDERTAKER (ADDRESS): F O Henry Jr Louisiana Mo
20. FILED: 3/24 19 36 F O Henry Jr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-24 1936

22. I HEREBY CERTIFY, That I attended deceased from March 20 1936 to March 24 1936
I last saw her alive on March 24 1936 Death is said to have occurred on the date stated above, at 1 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
1 wk	

Other contributory causes of importance:
Influenza

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: —

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Russell P. Wells M. D.
(Address) Pleasant Hill Ill