MAY 29 1936

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

Do not use this space.

18383

1. PLACE OF DEATH
County WEBSTER
Township E. BENTON
City ..... (No. ....., ... St. ..... Ward)
Registration District No. 898
Primary Registration District No. 6203
File No. .....
Registered No. 7

2. FULL NAME ~~[illegible]~~ MANISA POYTHRESS
(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEM
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JULY 4 1864

7. AGE: YEARS 71 | MONTHS 9 | DAYS 21 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. INVALID
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): TENN.

FATHER
13. NAME: ALBERT YOUNG
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): TENN.

MOTHER
15. MAIDEN NAME: STONE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

17. INFORMANT (ADDRESS): FRANK POYTHRESS RR#1 FORDLAND MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. OLIVE DATE 4-27 1936

19. UNDERTAKER (ADDRESS): KELLEY-FERRELL FORDLAND, MO.

20. FILED Apr 27 1936 John W. Good M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-25 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 21, 1930, to Apr. 25, 1936
I last saw her alive on Apr. 21, 1936 Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	1930
Chronic Endocarditis	
Mitral Regurgitation	

Other contributory causes of importance:
Arthritis Deformans
Chronic

Name of operation ..... Date of .....
What test confirmed diagnosis? Usual Signs 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? no
If so, specify .....
(Signed) John W. Good, M. D.
(Address) Fordland Mo

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD