JUL 24 1936

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

Do not use this space.

23537

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township Mason — Primary Registration District No. 3079 — Registered No. 170
City Hannibal Mo (No. Lovering Hos. St. 6th Ward)

2. FULL NAME Frank Henry Mangels
(a) Residence, No. 1233 Lyon St. St., 5th Ward. (If nonresident, give city or town and State)
(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.

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~~ Agnes Mangels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1st 1882

7. AGE: YEARS 54 — MONTHS 2 — DAYS 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U.S. Post Office
10. Date deceased last worked at this occupation (month and year) March 1936
11. Total time (years) spent in this occupation 27

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

FATHER
13. NAME John Henry Mangles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hanover Germany

MOTHER
15. MAIDEN NAME Amelia Coleman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) Mrs Frank Mangels Hannibal

18. BURIAL, CREMATION, OR REMOVAL
Greenwood Cemetery Palmyra DATE June 14 1936

19. UNDERTAKER (ADDRESS) Smith's Funeral Home Hannibal, Mo

20. FILED June 14 1936 H C Fisher Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-27, 1936 to 6-10, 1936
I last saw him alive on 6-10, 1936 Death is said to have occurred on the date stated above, at 8:45 p.m.
The principal cause of death and related causes of importance were as follows:
Carcinomatosis — Date of onset
Other contributory causes of importance:
Carcinoma Stomach
Exploratory Lap
Name of operation 5-27-36 Date of
What test confirmed diagnosis? Op Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) [signature], M. D.
(Address) Hannibal, Mo

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.