

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.

AUG 11 1936

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

Do not use this space.

27550

1. PLACE OF DEATH

County Pemscot Registration District No. 1099
Township Littlerose Primary Registration District No. 5-868
City Harrell Mo. (No.) St. Ward)

File No.

Registered No.

2. FULL NAME

John Manual
(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 5 yrs. 6 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF no

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-10-1879

7. AGE YEARS 57 MONTHS 3 DAYS 29 IF LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year) none 11. Total time (years) spent in this occupation. none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksdale Miss

MOTHER FATHER
13. NAME OK

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

15. MAIDEN NAME OK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OK

17. INFORMANT Isaac L. Wells (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE St Paul DATE 7-29 19. 3

19. UNDERTAKER Women Ray (ADDRESS) Hartsville

20. FILED Aug 8 36 J. P. Crosby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-27 1936 to 7-29 1936

I last saw h. live on 7-29 1936 Death is said to have occurred on the date stated above, at 2:30 a.m.

The principal cause of death and related causes of importance were as follows: Pernicius Malaria Date of onset 28

Other contributory causes of importance: none

Name of operation none Date of operation none

What test confirmed diagnosis? 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 none

Nature of injury none

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

If so, specify Dr. S. Denton M. D.

(Signed) Harrell Mo. (Address)

