SEP 18 1936

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

Do not use this space.

30006

1. PLACE OF DEATH

County BUCHANAN — Registration District No. 85 — File No.

Township ~~WASHINGTON~~ — Primary Registration District No. 1001 — Registered No. 1112

City ST. JOSEPH (No. 5026½ KING HILL AVE, St. Ward)

2. FULL NAME MRS. CLARA MANN

(a) Residence, No. 5026½ KING HILL AVE. St., 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: FEMALE
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: WIFE OF ROBERT MANN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): SEPT, 10, 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
70	11	16	

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): TERRE HAUTE, INDIANA

FATHER

13. NAME: BENJAMIN CECEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

MOTHER

15. MAIDEN NAME: MARY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): ROBERT MANN, 5026½ King Hill

18. BURIAL, CREMATION, OR REMOVAL
PLACE KING HILL CEMETERY DATE AUG. 28, 1936

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 COLHOUN ST.

20. FILED Aug 28 1936 H J Nettlefusk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from August 25, 1936, to August 26, 1936. I last saw her alive on August 26, 1936. Death is said to have occurred on the date stated above, at 10:00 PM

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

	Date of onset
Cerebral hemorrhage	8/25/36

Other contributory causes of importance:

acute gastro-enteritis	8/24/36
Cardio-vascular renal disease	

Name of operation: none Date of

What test confirmed diagnosis? Clinical 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) C. S. Grant, M. D.
(Address) 6207 King Hill Ave. St. Joseph, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 22 1941

DEC 19 1941