

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

Do not use this space.

38135

DEC 3 1936

1. PLACE OF DEATH

County Johnson
 Township
 City Warrensburg (No.)

Registration District No. 431
 Primary Registration District No. 3023

File No.
 Registered No. 125
 St. Ward)

2. FULL NAME

(a) Residence, No. 401 Franklin 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Millie Manis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 4, 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 6 28

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.
 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) Hawkins Co. Tenn.

FATHER 13. NAME George W. Manis

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

MOTHER 15. MAIDEN NAME Fally Lawson

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

17. INFORMANT (ADDRESS) John Manis 306 Ming Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Oct. 7 1936

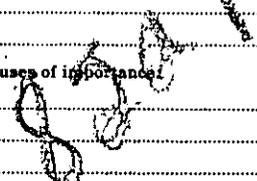
19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED Oct. 2, 1936 Cora Genton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 10 to Oct 2 1936
 I last saw him alive on Sept 30, 1936 Death is said to have occurred on the date stated above, at 6 A.M.
 The principal cause of death and related causes of importance were as follows:

General Scurvy Sept 15
 Date of onset
 Other contributory causes of importance


Name of operation Date of
 What test confirmed diagnosis? Urinal 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? no
 If so, specify
 (Signed) W. Johnson M. D.
 (Address) Warrensburg 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.

