

400.3 1937

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

Do not use this space.

44350

1. PLACE OF DEATH

County Lentz Registration District No. 312
Township Jackson Primary Registration District No. 4188
City King City, Mo. (No. _____, St. _____ Ward)

File No. _____

Registered No. 24

2. FULL NAME

Marjorie O. Manspin
(a) Residence, No. King City, Mo. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruth Elizabeth Manspin</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 13, 1898</u>				
7. AGE YEARS <u>38</u>	MONTHS <u>8</u>	DAYS <u>26</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seed Dealer</u>			
	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) <u>Sept 1936</u>			
				11. Total time (years) spent in this occupation <u>17 yrs.</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>King City, Missouri</u>				
FATHER	13. NAME <u>Archie P. Manspin</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton County, Mo.</u>			
	15. MAIDEN NAME <u>Minerva A. Carver</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton County, Mo.</u>			
	17. INFORMANT (ADDRESS) <u>M. Manspin, King City, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Manspin Park</u> DATE <u>Dec. 11, 1936</u>				
19. UNDERTAKER (ADDRESS) <u>Lucile M. Wilson, King City, Mo.</u>				
20. FILED <u>Dec-11-36</u> <u>Donald H. Santsy</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from January, 1936, to December, 1936.
I last saw h. m. alive on Dec. 9, 1936. Death is said

to have occurred on the date stated above, at 2:10 A.M.

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

Acute Myocarditis, Nov. 26, 1936
secondary to Streptococcal Sinus Infection in January, 1936 (Date of onset)

Other contributory causes of importance:

Sinus infection with Jan. 1936
resultant bacterial neuritis. Skeletal hypertrophy

Name of operation _____ Date of _____

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 _____

Nature of injury _____

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

If so, specify _____

(Signed) D. W. Zook & Partners(Address) King City, 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.

