

1936

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

Do not use this space.

1. PLACE OF DEATH
 County Monroe Registration District No. 581
 Township _____ Primary Registration District No. 4343
 City Monroe City (No. _____, _____ St. _____ Ward)
 2. FULL NAME Fern Gates Mangum
 (a) Residence, No. 500 N. Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

45550

File No. _____
Registered No. 31
St. _____ Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Rev. E. J. Mangum
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1894
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
41 11 27
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 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) Carthage Mo.
 13. NAME Jefferson Danner Gates
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Kittie Board
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dunaway Mo.
 17. INFORMANT E. J. Mangum
 (ADDRESS) Monroe City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Union Mo. DATE Jan 1st 1936
 19. UNDERTAKER Wilson & Son
 (ADDRESS) Monroe City, Mo.
 20. FILED 12-31 1936 W. P. Pipton
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30 / 1936
 22. I HEREBY CERTIFY, That I attended deceased from Jan 24 1936, to Dec 30 1936
 I last saw her alive on Dec 30 1936 Death is said to have occurred on the date stated above, at 3:45 m.
 The principal cause of death and related causes of importance were as follows:
Uremia
 Date of onset 12/24/36
 Other contributory causes of importance:
Chronic Dystrophic Nephritis Sept 1934
Pericardial Abscess Jan 1936
 Name of operation — Date of —
 What test confirmed diagnosis? Sub. Findings 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) John T. Hubbs, M. D.
 (Address) Monroe 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.

