

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FEB 16 1937

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

Do not use this space.

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1. PLACE OF DEATH  
 County Cole Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 2014  
 City Jefferson City St. \_\_\_\_\_ (If nonresident, give city or town and State)  
 2. FULL NAME Charles Willard Mantle St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (a) Residence, No. \_\_\_\_\_ (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. of ..... min.  
20 2 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. grocery clerk  
 OCCUPATION 135

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) Jan 27 1937 11. Total time (years) spent in this occupation 3 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn mo

FATHER 13. NAME R H mantle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn mo

MOTHER 15. MAIDEN NAME Heturah Potes  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Linn mo

17. INFORMANT R H mantle  
 (ADDRESS)

18. BURIAL, CREMATION, -OR REMOVAL PLACE Harview DATE 1/29/1937

19. UNDERTAKER Seaton Prewitt  
 (ADDRESS) Linn mo

20. FILED 1/28/1937 A. Bedgood  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/28/1937

22. I HEREBY CERTIFY, That I attended deceased from 1/27/1937 to 1/28/1937  
 I last saw him/her alive on 1/27/1937 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:  
Resection of brain  
 Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? suicide Date of injury 1/27/1937  
 Where did injury occur? Highway - Craig Co, Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury suicide by car - striking on the  
 Nature of injury injury to head

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Bedgood M. D.  
 (Address) Jeff City, Mo

