

FEB 25 1937

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

Do not use this space.

1375

1. PLACE OF DEATH

4<sup>th</sup> County *Johnson*  
10<sup>th</sup> Township *Leaun*  
9 City *W.C. Reno*

Registration District No. *399*  
Primary Registration District No. *1002*  
*5-4-12-E-16th St 2*

File No. \_\_\_\_\_  
Registered No. *163*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *5-4-12-E-16th* 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF *Janette Manges*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 22-1883*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*5-9 5 17*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *R.R. Engineer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Union Station*

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation *2*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

13. NAME *Phillip Manges*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn*

15. MAIDEN NAME *Katharine Sherman*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Penn*

17. INFORMANT (ADDRESS) *Janette Manges*  
*5-4-12-E-16th St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Woodland* DATE *Jan 12 1937*

19. UNDERTAKER (ADDRESS) *Rone Henderson*  
*Kia Mo*

20. FILED *Jan 11 1937* *M.M. Browne* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 9 1937*

22. I HEREBY CERTIFY, that I attended deceased from *Oct 19 35* to *Jan 9 1937*

I last saw him alive on *Jan 5 1937* Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
*Uremic Coma* Date of onset *1-7-37*

*Nephritis - Chronic*

Other contributory causes of importance:  
*Hypertension*  
*Control of embolism*

Name of operation *no* 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? *no* 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) *Thomas H. Jones* M. D.  
(Address) *Kansas City Mo*

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.

Dr. A. D. Jones  
~~to Dr. Duggan~~

110 Bryan