FEB 25 1937

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

Do not use this space.

1522

1. PLACE OF DEATH
County: Jackson — Registration District No. 399
Township: Gr. Twp. — Primary Registration District No. 1002
City: ..... (No. 246 E. 73 Ter. St. ..... Ward)

File No. .....
Registered No. 333

2. FULL NAME Orla H. Mann

(a) Residence, No. 246 E. 73 Ter. 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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Effie F. Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 27-84

7. AGE: Years 52 — Months 10 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Ff
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): August Iowa

FATHER
13. NAME: Geo. W. Mann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wis.

MOTHER
15. MAIDEN NAME: Rebecca Aydelott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

17. INFORMANT (ADDRESS): Effie F. Mann 246 E. 73

18. BURIAL, CREMATION, OR REMOVAL. PLACE: Mt. Washington DATE: Jan 19, 1937

19. UNDERTAKER (ADDRESS): Lyons Funeral Home 75 E. 63

20. FILED: Jan 19, 1937 M. M. Crowe, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/17, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/17, 1936 to 1/17, 1937

I last saw him alive on 1/17/10, 1937. Death is said to have occurred on the date stated above, at ..... m. am

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

	Date of onset
Chronic Myocarditis	6/17/36
Coronary thrombosis	
Chronic Nephritis	

Other contributory causes of importance: Hypertension, arteriosclerosis, hernia

Name of operation: None — Date of: .....

What test confirmed diagnosis? Autopsy — Was there an autopsy? Yes

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) [illegible], M. D.
(Address) [illegible]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. ATTENDING should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.