MAR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan — Registration District No. 83 — File No. 5051

Township — Primary Registration District No. 1001 — Registered No. 135

City St.Joseph, (No. 903, Grand Ave. 2 St. Ward)

2. FULL NAME William L.Mann

(a) Residence, No. 903 Grand Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eva Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb,10,1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	11	24	

OCCUPATION

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

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) Nov,14,1936

11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenosha, Wis.

FATHER

13. NAME Edwim Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenosha, Wis.

MOTHER

15. MAIDEN NAME Margaret Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenosha, Wis.

17. INFORMANT (ADDRESS) Mrs.Eva Mann 903 Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cemetery DATE Feb,5,1937 19

19. UNDERTAKER (ADDRESS) Walter Meinhoffer 1302 Faraon St. St.Joseph,Mo.

20. FILED 2/5 1937 H J Nettebrock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb,4,1937 ,19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1936, to Feb 4, 1937
I last saw him alive on Feb 3, 1937. Death is said to have occurred on the date stated above, at 12.50 m. A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of prostate gland & bladder	1934

Other contributory causes of importance: 5

Name of operation ... 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? ... 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) Leroi Beck, M. D.
(Address) King Hill Bldg, St.Joseph,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.

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