

MAR 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carter
Township Oriskany
City Ellsinore (No.)

Registration District No. 144
Primary Registration District No. 0217

File No. 11499
Registered No.
St. Ward

2. FULL NAME

Stellborn

(a) Residence, No. 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 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) 3-4-1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Stellborn

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

12. BIRTHPLACE (CITY OR TOWN) Ellsinore Mo.
(STATE OR COUNTRY)

FATHER
13. NAME Ray Manis

14. BIRTHPLACE (CITY OR TOWN) Gardiner Mo.
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Gertrude Freeze

16. BIRTHPLACE (CITY OR TOWN) Ellsinore Mo.
(STATE OR COUNTRY)

17. INFORMANT Ray Manis
(ADDRESS) Ellsinore Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellsinore Mo DATE

19. UNDERTAKER
(ADDRESS)

20. FILED 3-7-37 Pearl Brooke
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) before March 5 1937
ON

22. I HEREBY CERTIFY, That I attended deceased from March 5 1937, to, 19....
I last saw him alive on Stellborn 19.... Death is said to have occurred on the date stated above, at 7/7 m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Stellborn
Other contributory causes of importance:
Overexertion

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify
(Signed) H. D. Davis M. D.
(Address) Williamsville 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.

