

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.

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

Do not use this space.

AUG 24 1937

27362

1. PLACE OF DEATH

46 County Howell
West Plains
City (No. _____)

Registration District No. 384
Primary Registration District No. 4227

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Beal F. Manuel
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Gainesville, Mo.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>ma</u>	4. COLOR OR RACE <u>wt</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edith Manuel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-17-1868</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>1</u>	DAYS <u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richland, Mo</u>		
13. NAME <u>Beal F. Manuel</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
15. MAIDEN NAME <u>Martha</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unk</u>		
17. INFORMANT (ADDRESS) <u>Edith Manuel Haysville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Haysville</u> DATE <u>5-14-1937</u>		
19. UNDERTAKER (ADDRESS) <u>Robt. G. ... West Plains, Mo</u>		
20. FILED <u>5/13</u> , 19 <u>37</u> <u>W. H. SIMONS</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12-1937

22. I HEREBY CERTIFY, That I attended deceased from May 12, 1937 to May 12, 1937
I last saw him alive on May 12, 1937. Death is said to have occurred on the date stated above, at 11:05 a.m.
The principal cause of death and related causes of importance were as follows:
General Peritonitis
perforated Intestine
Date of onset 11/10

Other contributory causes of importance _____

Name of operation None 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? _____ 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) Robt. G. ..., M. D.
(Address) West Plains, Mo.

