

OCT 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Carroll  
Township De Witt  
City De Witt (No. \_\_\_\_\_)

Registration District No. 136 2  
Primary Registration District No. 51941

File No. 33889  
Registered No. \_\_\_\_\_

2. FULL NAME

Still Born Daughter of Oscar Mann

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX X 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30 1937

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

Last saw h. Smith to \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:30 A. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-1937

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

Other contributory causes of importance: \_\_\_\_\_

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

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ovale

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carroll Co.

13. NAME Oscar Mann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt

15. MAIDEN NAME Mary Bell Manning

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt

17. INFORMANT Oscar Mann (ADDRESS) De Witt Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_

19. UNDERTAKER Stanley Funeral Home (ADDRESS) Carrollton Mo

20. FILED Oct 1 1937 Alta Henderson Registrar.

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? No

If so, specify \_\_\_\_\_

(Signed) R. Hamilton Stetson M. D.

(Address) Carrollton, Missouri

EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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