

NOV 17 1937

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

1. Do not use this space.

37400

1. PLACE OF DEATH

County Cedar
Township Jefferson
City Dunnegan (No. St. Ward)

Registration District No. 165
Primary Registration District No. 5230

File No.
Registered No. 42

2. FULL NAME Delbert Lee Mann

(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

MEDICAL CERTIFICATE OF DEATH

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 Child

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1937, to May 10, 1937. I last saw him alive on May 10, 1937. Death is said to have occurred on the date stated above, at 11:30 A. M. The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or .30 hrs. or .50 min. 0 0 0 30

Insurrection
Not premature

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

Other contributory causes of importance: 1 150

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Dunnegan, Mo.

Name of operation 150 Date of 150

13. NAME George R. Mann

What test confirmed diagnosis? clinical Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Missouri

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 150 Date of injury 150, 1937. Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. 150

15. MAIDEN NAME Cloice Crawford

Manner of injury 150
Nature of injury 150

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County Missouri

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify Chas H Brown (Signed) Fair Play Mo (Address) 150, M. D.

17. INFORMANT George R. Mann (ADDRESS) Dunnegan, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Salem DATE May 11, 1937

19. UNDERTAKER White, Erwin & Jenkins (ADDRESS) Dunnegan, Missouri

20. FILED Nov 12 1937 Mrs J. G. Brown Registrar.

STATE OF DEATH IN CERTAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

158

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

37400

Do not use this space.

1. PLACE OF DEATH

(a) County Cedar Registration District No. 165-
 (b) Township Jefferson Primary Registration District No. 5230 Registered No.
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delbert Lee Namm

(a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s (write the word)

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

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

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

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as 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)

FATHER
 13. NAME

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

MOTHER
 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE .19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED .19 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1939

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

I last saw h... alive on 19... Death is said to have occurred on the date stated above, at m.

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

Intoxication premature 2705 W. MO
 Other contributory causes of importance: premature Date of onset

Name of operation Date of
 What test confirmed diagnosis? 158 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) Chas. H. Brown, M. D.

(Address) Fair Play no

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

Accuracy of property claimed. Exact statement of OCCUPATION is very important.

