

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

REC'D MAR 22 1938

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

Do not use this space.

1. PLACE OF DEATH

County Newton
Township
City Neosho

Registration District No. 609
Primary Registration District No. 4363
(No. Reynolds Hospital)

File No. 7570
Registered No. 11

2. FULL NAME Nina Sherwood Mannen

(a) Residence, No. Goodman Missouri St., Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16, 1905

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
32 3 12

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Concordia |
(STATE OR COUNTRY) Kansas

FATHER
13. NAME J. B. Sherwood |

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

MOTHER
15. MAIDEN NAME Ethel

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

17. INFORMANT Robert Mannen
(ADDRESS) Goodman Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Concordia Kan. DATE 2-11-38, 1938

19. UNDERTAKER Carley Thomson
(ADDRESS) Neosho, Missouri

20. FILED 2-26-38 malasala
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 7, 1938, to Feb 8, 1938

I last saw her alive on Feb 8, 1938 Death is said

to have occurred on the date stated above, at 6 A. m.

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

Influenza
11/6 -

Date of onset

Other contributory causes of importance:

Acute endocarditis

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) J. Reynolds, M. D.
(Address) Neosho Mo

NOV 18 1946

a
b
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e

RECORDED

18

1946

INDEXED

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

75-70
Do not use this space.

PLACE OF DEATH

a) County Newton Registration District No. 609
 b) Township _____ Primary Registration District No. 4363 Registered No. _____
 (c) City Neosho (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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.

PRINT FULL NAME Nina Sherwood Mammen

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.
32 3 12

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) Robert Mammen
Goodman rd

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

19. FUNERAL DIRECTOR (ADDRESS)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1938

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

Date of onset

Other contributory causes of importance:

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) J. G. Reynolds, M. D.

(Address) Neosho

FILED 2-2 1938 Analaya Sal...
Local Registrar

RECEIVED UNTIL 11:00

TEMPORARILY

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