

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

Do not use this space.

1. PLACE OF DEATH

County Madison Registration District No. 625
 Township _____ Primary Registration District No. 3031
 City Marionville (No. _____) St. _____ Ward _____

File No. 32911
 Registered No. 87

2. FULL NAME Clara Manes

(a) Residence, No. St Francis Hospital St. _____ Ward _____
 (Usual place of abode)
 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 23, 1852

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
85 10 10

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

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) Illinois

13. NAME Jacob Dyer

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

15. MAIDEN NAME Garrett

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

17. INFORMANT Frank Manes
 (ADDRESS) Burlington St Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Blanchard, Iowa DATE Sept 10, 1938

19. UNDERTAKER J. R. Hann
 (ADDRESS) Burlington St, Mo

20. FILED Sept-8, 1938 Mamie E. Clardy
 Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-1, 1938 to 9-8, 1938

I last saw her alive on 9-7, 1938. Death is said to have occurred on the date stated above, at 9:25 a.m.

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

Uremia, Chr nephritis

Date of onset 6/10

Other contributory causes of importance:

Senility

Name of operation None Date of _____

What test confirmed diagnosis? Causal of laboratory 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? None
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Jim Boyles, M. D.

(Address) Conception Junction Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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38