

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.

REC'D APR 19 1939

78 1. PLACE OF DEATH
County Jennison
Township Jennison
City (No.)

Registration District No. 651
Primary Registration District No. 0863

File No. 11824
Registered No. 29
St. Ward)

2. FULL NAME Muri Mann
(a) Residence, No. Jennison Township Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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 B 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS About 9 MONTHS — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Schools
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schools
10. Date deceased last worked at this occupation (month and year) Sept 11. Total time (years) spent in this occupation 1 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jennison

FATHER 13. NAME Tom Mann

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

MOTHER 15. MAIDEN NAME Don't know

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

17. INFORMANT Chas Robinson (ADDRESS) Cumtressville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taylor DATE 3/15 39

19. UNDERTAKER Friend's (ADDRESS) Cumtressville, Mo. R. 1

20. FILED March 18, 1939 Eda Martin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/14 1938

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

I last saw him alive on, 19.... Death is said to have occurred on the date stated above, at 6 P m.

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

No attending Physician
Other contributory causes of importance: 2006

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 the deceased? Health Officer
If so, specify Fred H. Caylor (Signed) Cumtressville Mo. M. D.

583 (Address) Cumtressville Mo

RECEIVED

District Health Officer No. ~~257~~

District File Number ~~39-257~~

Date Filed ~~4-10-39~~