

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

Do not use this space.

4754

MAR 25 1930

**1. PLACE OF DEATH**

County Linn Registration District No. 347  
Township Clinton Primary Registration District No. 3018  
City Clinton (No. ....) St. .... Ward)

**2. FULL NAME**

Charles 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**

3. SEX Male 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 Sadie Mann  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-10-1866  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
64 1 9

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Dependent  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Rhineland  
(STATE OR COUNTRY) Germany

10. NAME OF FATHER Valentine Mann

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Caroline

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany  
(STATE OR COUNTRY)

14. INFORMANT Harold Mann  
(Address) Clinton, Missouri

15. FILED 2/20, 1930 Dr. E. C. Peeler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/19 1930

17. I HEREBY CERTIFY, That I attended deceased from January 8, 1930, to February 1, 1930 and that I last saw him alive on Feb 1, 1930 and that death occurred, on the date stated above, at 7:00 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardiac renal disease  
95B

Year (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) MOB  
duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Celusion  
(Signed) S. W. Wolz, M. D.  
, 19 (Address) Celusion Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Highwood, Clinton DATE OF BURIAL 2-23 1930

20. UNDERTAKER Linn-Wilkinson Co.  
ADDRESS

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

