

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

Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

County HENRY
Township Famulus
City Deepwater (No. 1)

Registration District No. 357
Primary Registration District No. 492

File No. 6648
Registered No. 1 St. _____ Ward _____

2. FULL NAME Glmer Manbeck

(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 Joy Manbeck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 10 20

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

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) MISSOURI

13. NAME Jacob Manbeck

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

15. MAIDEN NAME Rebecca Jane Chites

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

17. INFORMANT Mrs. G. M. Davis (ADDRESS) Deepwater, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deepwater Cem DATE 1-13 1939

19. UNDERTAKER Tom [unclear] (ADDRESS) Deepwater, Mo.

20. FILED 1-12 1939 J. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 1939

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:

Died suddenly after heart wife was present (Grand Death) 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. J. Russell M. D.

(Address) Deepwater, Mo.

See also 6647-39 Pm. 7/89

CRUISE OF DEATH IN your territory, so that it may be properly conducted. - State Registrar of Missouri

FEB 19 1958

RECEIVED

District Health Officer No. 7,

District File Number 7-39-326

Date Filed 3-1-58