

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

39830

Do not use this space.

1. PLACE OF DEATH

(a) County Iron Registration District No. 390
 (b) Township Union Primary Registration District No. 55-45 Registered No. 18
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME William Perry Mann

(a) Residence, No. Annapolis Mo. 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 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 Anna Mann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 9 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. farmer
 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) Annapolis Mo. (STATE OR COUNTRY)

FATHER 13. NAME Andrew Mann

14. BIRTHPLACE (CITY OR TOWN) Annapolis Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Nancy Wadlow

16. BIRTHPLACE (CITY OR TOWN) Lesterville Mo. (STATE OR COUNTRY)

17. INFORMANT Edward Mann (ADDRESS) Annapolis Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Annapolis Mo. DATE Nov. 18, 1939

19. FUNERAL DIRECTOR (NAME) (Mann Cem.) Norman White & Son (ADDRESS) A. J. White, Ironton Mo.

20. FILED Dec 10, 1939 C. Hunter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 31, 1938, to November 17, 1939

I last saw h. im alive on September 21, 1939 Death is said to have occurred on the date stated above, at 4:04 m.
 The principal cause of death and related causes of importance were as follows:

Hypertention, chronic nephritis

Date of onset

Other contributory causes of importance: 121
myocarditis

Name of operation none Date of.....
 What test confirmed diagnosis?..... 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?..... (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? NO
 If so, specify.....

(Signed) [Signature], M. D.
 (Address) Ironton Mo.

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Arnold J. White*
Licensed Embalmer No..... *3012*
P. O. Address..... *Boston, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.