

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

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. See instructions on back of certificate.

1 PLACE OF DEATH

County ..... 111  
 Civil Dist. ....  
 OR  
 Village .....  
 OR  
 City ..... (No. ST. Joseph Hospts. St.; Ward)

STATE OF TENNESSEE

STATE BOARD OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF DEATH

File No. 1253

Registered No. 1254

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mark Garfield Manuel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M

6 DATE OF BIRTH Oct. 16, 1882  
 (Month) (Day) (Year)

7 AGE 42 yrs. mos. ds. If LESS than 1 day, hrs. or min.?

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

9 BIRTHPLACE (State or country) Mo.

10 NAME OF FATHER Isadore Manuel

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Jane Miller

13 BIRTHPLACE OF MOTHER (State or country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

[Informant] Mr. S. Mollie Manuel

[Address] Hayti, Mo.

15 Filed 4-30, 1924

NON RESIDENT

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 26, 1924  
 [Month] [Day] [Year]

17 I HEREBY CERTIFY, That I attended deceased from 4-25, 1924 to 4-26, 1924, that I last saw him alive on 4-25, 1924 and that death occurred, on the date stated above, at 3.17 A.M.

The CAUSE OF DEATH\* was as follows:  
Peritonitis

[Duration] ..... yrs. .... mos. 2 ds.

Contributory Perforated addenal  
 [SECONDARY] Ulcer

[Duration] ..... yrs. .... mos. .... ds.

Signed M. B. Hendrix, M. D.

4-26, 1924 Address

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Hayti, Mo.

Former or usual residence MO.

19 PLACE OF BURIAL OR REMOVAL

Hayti, Mo.

20 UNDERTAKER J. J. Collins.

DATE OF BURIAL

4-27, 1924

ADDRESS