

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

Do not use this space.

1. PLACE OF DEATH

County *Moniteau*
Township *Willowfork*
City *Dipton* (No. _____) St. _____ Ward)

Registration District No. *5-75-*
Primary Registration District No. *4339*

File No. *6547*
Registered No. _____

2. FULL NAME

Laura Martha Manpina

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred *19 yrs. 9 mos. 16 ds.* How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Negro* 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) *April 27 1913*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
19 9 16

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

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) *Dipton mo*

13. NAME *Russell Manpina*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Dipton mo*

15. MAIDEN NAME *Lillie Williams*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Clarksburg mo.*

17. INFORMANT (ADDRESS) *Russell Manpina Dipton mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19____

19. UNDERTAKER (ADDRESS) *G. B. Schmitt Dipton Mo*

20. FILED *2-15-1935* *Mrs Sarah M. Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 13 1933*

22. I HEREBY CERTIFY, That I attended deceased from *2-1-1933* to *2-13-1933*. I last saw her alive on *2-12-1933* Death is said

to have occurred on the date stated above, at *6:30 a.m.* The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lung
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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? *No*
If so, specify _____
(Signed) *J. B. Norman*, M. D.
(Address) *Dipton Mo*

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.

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