

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

66 County Miller
Township Saline
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 5-61Primary Registration District No. 5-75-5-File No. 1809Registered No. 2-

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

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 OFAnnie Bradford Manning

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

Nov 5, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1

day, _____ hrs.

or _____ min.

83224

OCCUPATION

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)

Miller Co. Mo

13. NAME

Smith Manning

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Nashville Tennessee

15. MAIDEN NAME

Frances Lazenbeth

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Tennessee

17. INFORMANT

(ADDRESS)

Mrs Geo W Manning
Eldon

18. BURIAL, CREMATION, OR REMOVAL

PLACE Gravelly cemetery DATE Jan 31 1932

19. UNDERTAKER

(ADDRESS)

W A Phillips
Eldon Mo20. FILED 1-301932Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 29 1932

22. I HEREBY CERTIFY That I attended deceased from

Jan 1925, to Jan 29 1932I last saw him alive on Jan 29 1932 Death is saidto have occurred on the date stated above, at 5 P m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Uraemic Coma 1/25/321311328/31

Other contributory causes of importance:

Chronic InterstitialNephritis 1925-

Name of operation _____ Date of _____

What test confirmed diagnosis? clinical 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?

If so, specify no

(Signed)

(Address)

G D Walker M. D.Eldon Mo

MAR 24 1932

