B 1625

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

Do not use this space.

30571

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 4079
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City No. 1820 Charlotte St. Ward)

2. FULL NAME Harley Manier
(a) Residence. No. 1820 Charlotte St. 2 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: M.
4. COLOR OR RACE: Col.
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) Aug. 12 - 1927
7. AGE: YEARS — MONTHS: 2 — DAYS: 13 — If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Jetter Manier
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Arkansas
12. MAIDEN NAME OF MOTHER: Mattie Rodgers
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kansas

14. INFORMANT: Mattie Manier
(Address) 1820 Charlotte

15. FILED 10/28, 1927 M. M. Crowe REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/25 1927
17. I HEREBY CERTIFY, That I attended deceased from 10-20, 1927, to 10-25, 1927 that I last saw him alive on 10-25, 1927, and that death occurred, on the date stated above, at 10:10 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Broncho Pneumonia
Secondary to
107A
106A (duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Acute Bronchitis
(duration) yrs. mos. 10 ds.
18. WHERE WAS DISEASE CONTRACTED? 100 a
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) N. A. Franklin Rodgers M. D
10/26, 1927 (Address) 1518 E. 18 St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Westlawn Cem — DATE OF BURIAL: 10-28 1927
20. UNDERTAKER: Watkins Bros — ADDRESS: 1729 Lydia

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.