

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

Do not use this space.

30151

1. PLACE OF DEATH

County Franklin
Township.....
City Washington (No.....)

Registration District No. 297
Primary Registration District No. 3016

File No.....
Registered No. 79 St. _____ Ward)

2. FULL NAME Thomas William Manning

(a) Residence. No. 224 Elm Str. St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 6 mos. da. _____ How long in U.S., if of foreign birth? yrs. mos. da. _____

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 Mae Kadlowsky Manning

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 28, 1894

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	34	5	28	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Railroad Conductor
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Valley Park, Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Joseph Manning

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Franklin County, Mo.

12. MAIDEN NAME OF MOTHER Sally Price

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Valley Park, Mo.

14. INFORMANT Mrs. Mae Manning
(Address) Washington, Mo.

15. Sept 28 1928 O. L. Munch
FILED REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1928
17. _____

I HEREBY CERTIFY, That I attended deceased from Sept 22, 1928, to Sept 26, 1928, that I last saw alive on Sept 26, 1928, and that death occurred, on the date stated above, at 10:35 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Hypostatic Pneumonia
following injuries received
in accident

CONTRIBUTOR (SECONDARY) Automobile accident
Sept 22, 1928 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, Place of death

DID AN OPERATION PRECEDE DEATH? yes DATE OF Sept 22, 1928

WAS THERE AN AUTOPSY? no

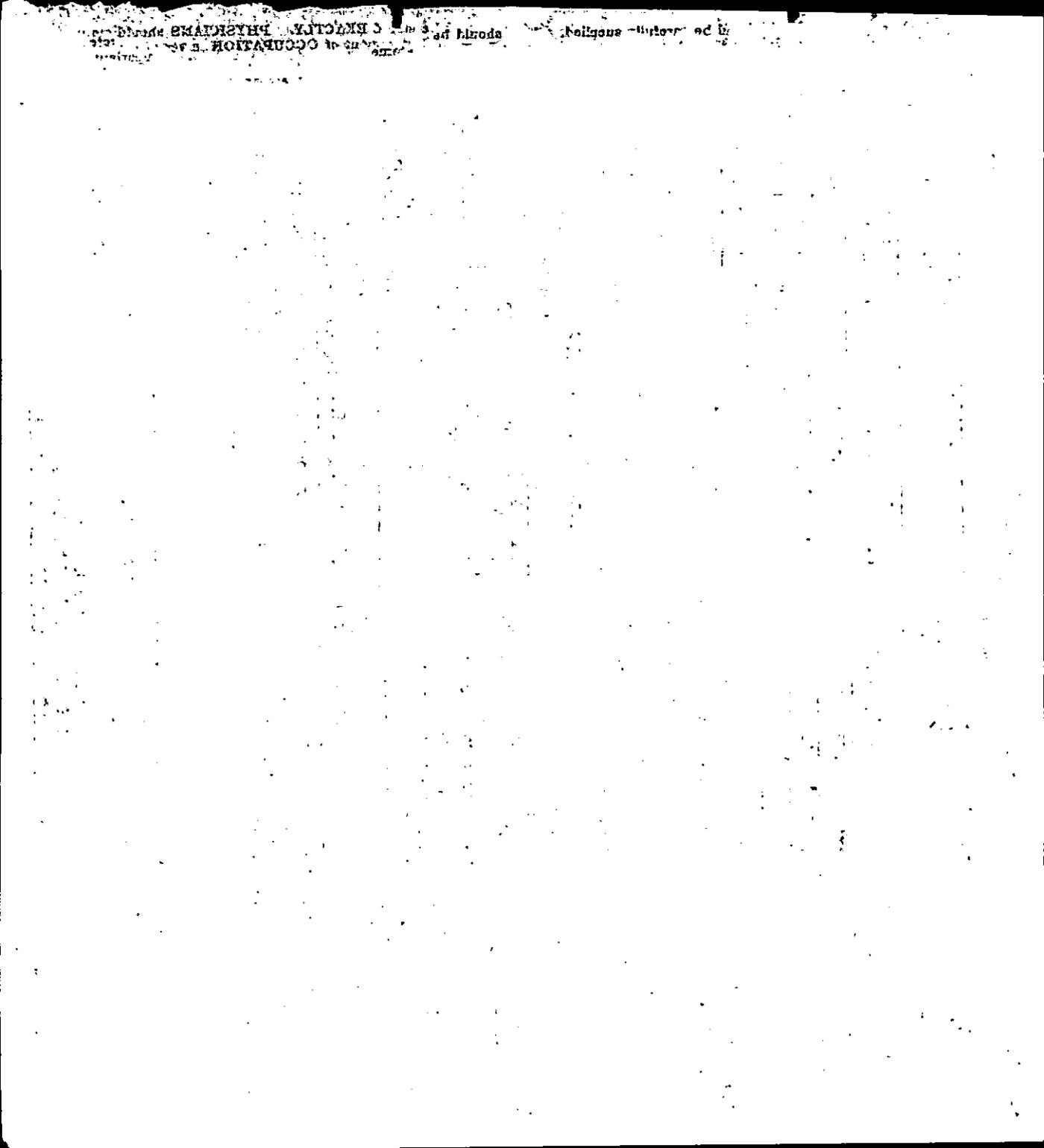
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Robert R. Cutler, M. D.
, 19 (Address) Washington Mo

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friedens Cemetery DATE OF BURIAL 10/1 1928
St. Louis, Mo. ADDRESS

20. UNDERTAKER Otto & Co. Washington, 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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Franklin

Registration District No. 297

File No. _____

Township _____

Primary Registration District No. 3076

Registered No. 79

City Washington (No. _____)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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) _____

10. NAME OF FATHER _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) _____

14.

INFORMANT (Address) _____

15.

FILED Sept. 28, 1928 O. P. Munch REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 26 1928

17. I HEREBY CERTIFY That I attended deceased from _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Hypertensive pneumonia
following injury received
in automobile accident, Franklin Co. Mo.
Sept 23, 1928 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Automobile accident
Sept 23, 1928 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH: On highway between Washington & Union, Mo.

DID AN OPERATION PRECEDE DEATH? _____ DATE _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) _____, M. D.

19 (Address) _____

*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 DATE OF BURIAL

20. UNDERTAKER ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCASION OF DEATH is important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-30151