

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

Do not use this space.

37458

**1. PLACE OF DEATH**

County Harrison Registration District No. 340  
Township White Oak Primary Registration District No. 5470  
City (No. St. Ward)

**2. FULL NAME**

Jda Luella Manning  
(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm Manning</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 30 1895</u>		
7. AGE YEARS <u>36</u>	MONTHS <u>1</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Monty Co Mo</u>		
FATHER	13. NAME <u>Abram Jones</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u>	
MOTHER	15. MAIDEN NAME <u>Martha Jones Magee</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT (ADDRESS) <u>Edith Manning New Hampton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Jones Chapel</u> DATE <u>Nov 5 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. S. Noble New Hampton</u>		
20. FILED <u>Nov 10 1931</u> <u>Jewellson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Nov 3 1931.  
I last saw her alive on Nov 3 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
congestion of  
sole blood  
127A / 27  
Other contributory causes of importance  
Date of onset

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?  
If so, specify  
(Signed) C. A. Bosler's, M. D.  
(Address) New Hampton 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.

DEC 29 1931

