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.

41778

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JAN 28 1932

1. PLACE OF DEATH

County Perry — Registration District No. 660 — File No.

Township Central — Primary Registration District No. 5878 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Mark Manning

(a) Residence, No. R F D #3 Perryville Mo 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: Male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 5th 1853

7. AGE — YEARS: 78 — MONTHS: 8 — DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none

10. Date deceased last worked at this occupation (month and year) none

11. Total time (years) spent in this occupation none

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County Mo

FATHER

13. NAME James Manning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

MOTHER

15. MAIDEN NAME Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT George Manning (ADDRESS) R F D #3 Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mount Hope DATE Jan 1 1932

19. UNDERTAKER Zellner & Young (ADDRESS) Perryville Mo

20. FILED Jan 2 1932 Geo J Meeker Registrar

Jon Meeker

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 26th, 1931, to Dec 30, 1931

I last saw him alive on Dec 29, 1931. Death is said to have occurred on the date stated above, at 3 a. m.

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

myocarditis (Chronic) — Date of onset: Don't Know

93C

93C

Other contributory causes of importance: none

Name of operation no — Date of .....

What test confirmed diagnosis? Physical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — 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) Harry J. Knapp, M. D.

(Address) Perryville Mo