

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.

16077

1868

1. PLACE OF DEATH

County Jackson Registration District No. 899
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2108 Troost)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Mrs. Iva Etta Manning

(a) Residence, No. 2108 Troost St. 4 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 Female 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 James B Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 4 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 3 2 2 35

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Missouri

FATHER 13. NAME Thomas C Maxwell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Ellen Frakes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Carl Q Manning (ADDRESS) 2108 Troost

18. BURIAL, CREMATION, OR REMOVAL PLACE Chillicothe No DATE May 9 1932

19. UNDERTAKER Juirk & Tobin Co. (ADDRESS) 20 West Linwood

20. FILED 577 19 32 M. M. Crouse (Address) West. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from April 14 1932 to May 6 1932
I last saw her alive on May 6 1932 Death is said to have occurred on the date stated above, at 5 A m.
The principal cause of death and related causes of importance were as follows:

48
Carcinoma of Uterus 1931
Other contributory causes of importance: 48
Septic absorption April 1932

Name of operation none Date of _____
What test confirmed diagnosis? system 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) A. E. Wimmer, M. D.
(Address) 2327 Troost Ave

