

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

Do not use this space.

17298

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 186
 6 Township Central Primary Registration District No. 4469
 8 City Maplewood (No. 2626, Margaretta Ave) St. _____ Ward _____

2. FULL NAME Amanda Manning
 (a) Residence, No. 2626 Margaretta 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 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 John W. Manning
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 6, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 8 6
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-12, 1932
 22. I HEREBY CERTIFY That I attended deceased from July 10, 1930 May 12, 1932
 Last saw him/her alive on May 11, 1932 Death is said to have occurred on the date stated above, at 4¹⁰A m.
 The principal cause of death and related causes of importance were as follows:
arteriosclerosis Date of onset _____
 97 17
 Other contributory causes of importance:
 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) M. E. Sheets M. D.
 (Address) 4300⁴ Marshfield

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 13. NAME - Edward Basham
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 15. MAIDEN NAME Mahala Jones
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT John W. Manning
 (ADDRESS) 2626 Margaretta Ave
 18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 5-14 1932
 19. UNDERTAKER Thieschauer Mortuaries
 (ADDRESS) 4104 Margaretta Ave
 20. FILED May 13, 1932 Mercedes Schuster
 Registrar.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

27 1932

