

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1003**

City St. Louis

(No. City Hospital)

4601

2. FULL NAME

Mitchie Manning

(a) Residence, No. 610 Chestnut St., 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

21378

File No.

Registered No. **5936**

St. Ward)

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

Oscar Manning

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

Jun 10, 1892

7. AGE

YEARS

40

MONTHS

5

DAYS

13

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Seamstress

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Rice Six

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)

Morley Missouri

FATHER MOTHER

13. NAME

Wm Baker

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

Nickman Kentucky

15. MAIDEN NAME

Edith Condor

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

Kentucky

17. INFORMANT (ADDRESS)

Hospital, Information Center Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St. Marcus DATE June 25 1932

19. UNDERTAKER (ADDRESS)

Wackerly-Belderer H. R. Co. 238 S. Broadway

20. FILED

May 24 1932 May C. Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

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

June 23 1932

22. I HEREBY CERTIFY, That I attended deceased from

June 18th 1932 to June 23 1932

I last saw her alive on June 23 1932 Death is said

to have occurred on the date stated above, at 11:43 a.m.

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

Last operative Shocks
139 B
139 B

Other contributory causes of importance:

Bilateral Sanguinophoritis
Cause unknown
Fibromyoma of uterus not malignant
Complete hysterectomy
Removal of both tubes & ovaries

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) Miss Fuller M. D.

(Address) City Hospital

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.

