

WHITE 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.

NOV 21 1932

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

Do not use this space.

31350

1. PLACE OF DEATH

5- County Barry
3 Township
4 City Monett

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No.
St. Ward)

2. FULL NAME

Jessie A. Manley

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Manley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 43 ✓ 21

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

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

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) Wasselle Missouri

13. NAME Charles D. Manley

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

15. MAIDEN NAME Isabelle Goodnight

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

17. INFORMANT (ADDRESS) mo Jessie Manley Monett Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Oct 17 1932

19. UNDERTAKER (ADDRESS) Callaway's Monett Mo

20. FILED 10-4-32 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1932 to Oct 2 1932
I last saw living alive on Oct 2 1932 Death is said to have occurred on the date stated above, at 3:45 p.m.

The principal cause of death and related causes of importance were as follows:
Gunshot wound of head
Cause undetermined by Coroners jury investigation
Other contributory causes of importance: 6'

Name of operation 184 Date of 10/21
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 10/21, 1932
Where did injury occur? Monett Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In deer park office Fisco Railroad
Manner of injury by discharge of automatic pistol
Nature of injury gunshot to head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.....
(Signed) W. M. West M. D.
(Address) Monett Mo

SEP 28 1961