

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

Do not use this space.

24492

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City..... (No.....)

File No.....

Registered No. **5856**

St..... (Ward)

2. FULL NAME

Edna Manley

(a) Residence. No. **1011 a FRANKLIN** St. **175** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **FE** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July/2/33** 19

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

17. I HEREBY CERTIFY, That I attended deceased from **Mch/10** 19**33** to **June/27/33** that I last saw her alive on **June/27/33** and that death occurred, on the date stated above, at **10-30 P. M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **abt 1883**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE **50** YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. **about 90**

Pentic Ulcer (duration) **1** yrs. mos. ds. **124 B1**

8. OCCUPATION OF DECEASED **Housework**
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer) **Own home**
(c) Name of employer

CONTRIBUTORY (SECONDARY) **Cirrhosis of Liver** (Cause unknown) (duration) **5** yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) **Mt. Vernon Ill** (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED **St. Louis Mo**
IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER **Jin Winfree**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF..... WAS THERE AN AUTOPSY? **no**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Don't know** (STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS **Clinical**
(Signed) **M. Snow** M. D.

12. MAIDEN NAME OF MOTHER **Don't know**

7/3/33 19 (Address) **1336 Franklin St. Loui**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown** (STATE OR COUNTRY)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

14. INFORMANT **Byford Manley** (Address) **Mt Vernon Ill**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Mt Vernon Ill** DATE OF BURIAL **5th July 1933**

15. FILED **UL - 19 1933** **J. F. Predeck** REGISTRAR

20. UNDERTAKER **Chs. Winfree** ADDRESS **Mt Vernon Ill**

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

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