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.

JAN 26 1934

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

Do not use this space.

42114

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 003 Registered No. 11183

City ..... (No. St. Mary's Infirmary St. ..... Ward)

2. FULL NAME Amelia Manning

(a) Residence, No. 1825 Biddle St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Col.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 9-1894

7. AGE: 39 YEARS | MONTHS: 11 | DAYS: 14 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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 .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

FATHER

13. NAME James Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER

15. MAIDEN NAME Elizabeth Bates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) James Manning 1825 Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father-Dacher DATE Dec 29 1933

19. UNDERTAKER (ADDRESS) W. S. Wade Und Co 4320 Spring Ave

20. FILED DEC 26 1933 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 21, 1933, to Dec 22, 1933

I last saw her alive on Dec. 22, 1933. Death is said to have occurred on the date stated above, at 11:40 P m.

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

	Date of onset
Degeneration of myocardium c̄ cardiac failure & edema of lungs.	
54 Generalized acute anemia.	
93 Post operative shock	12-13-33

Other contributory causes of importance:

139 Fibroid Uterus Non-Malignant	

Name of operation Hysterectomy Date of 12-13-33

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) R. W. White, M. D.

(Address) St. Mary's Infirmary