

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

Do not use this space.

1. PLACE OF DEATH

County..... Buchanan Registration District No.
Township..... Primary Registration District No.
City..... St. Joseph, (No. St. Joseph's Hospital St. Ward)

File No. 7961
Registered No. 371
St. Ward)

2. FULL NAME

Elsie L. Manning
(a) Residence, No. 2712 Mary St. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 23, 1881</u>		
7. AGE	YEARS	MONTHS
	<u>52</u>	<u>5</u>
		<u>2</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home.</u>	
	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)..... <u>Whitesville,</u> (STATE OR COUNTRY) <u>Mo.</u>		
FATHER	13. NAME <u>Michael K. Manning</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Carter Station,</u> (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Emma E. Gebhart</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>Dr. J. C. Manning</u> (ADDRESS) <u>Skidmore, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Whitesville, Mo.</u> DATE <u>Mar. 27, 1934</u>		
19. UNDERTAKER <u>Walter Meierhoff</u> (ADDRESS) <u>1302 Fernon St. St. Joseph, Mo.</u>		
20. FILED <u>MAR 27 1934</u> <u>John R. Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1934 .19

22. I HEREBY CERTIFY, That I attended deceased from 3/20, 1934 to 3/25 3:30 P.M.
I last saw her alive on 3/25, 1934. Death is said to have occurred on the date stated above, at 3.15 P.M.
The principal cause of death and related causes of importance were as follows:
Date of onset 3/22/34

Obstruction of Pericard
40
40

Other contributory causes of importance:
Carcinoma of Stomach

Name of operation Jejunostomy Date of 3/24/34
What test confirmed diagnosis Microscopic Was there an autopsy Yes
Government

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? No
If so, specify Carcinoma
(Signed) M. D.
(Address) Kirkpatrick Bldg. St. Joseph, Mo.

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!

1934

