

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St. Joseph, Mo. (No. 801 West Valley)

Registration District No. 85  
Primary Registration District No. 1001

File No. 19518  
Registered No. 653  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lillie Cella Manning

(a) Residence, No. 6211 Sherman 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 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 Joseph Manning  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 22, 1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
58 3 10

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

13. NAME Wilson Schantz

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mrs. Lela White (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Decatur, Ill DATE June 4, 1934

19. UNDERTAKER (ADDRESS) Fleeman Mortuary, Inc. St. Joseph, Mo.

20. FILED JUN 4 1934 John P. Borden Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 21, 1934, to June 2, 1934. I last saw her alive on June 2, 1934. Death is said to have occurred on the date stated above, at 9:00 am. The principal cause of death and related causes of importance were as follows:

Myocarditis chr.  
81A 81A  
81A  
Other contributory causes of importance:  
Progressive muscular atrophy

Date of onset unknown  
about 1920

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Ex. P. 9X-1204 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 \_\_\_\_\_, 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 \_\_\_\_\_  
(Signed) E. M. Shores, M. D.  
(Address) 317 West Patrick 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.

JUN 21 1934

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