OCT 11 1934

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

Do not use this space.

1. PLACE OF DEATH

County Dent — Registration District No. 266 — File No. 32386

Township — Primary Registration District No. 4168 — Registered No. 60

City Salem, Mo (No. ..... St. ..... Ward)

2. FULL NAME Mrs John N Manning

(a) Residence, No. ..... St., ... 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: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John N Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Marh 18 1850

7. AGE: YEARS 84 — MONTHS 5 — DAYS 26 — 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): Dent Mo

FATHER

13. NAME: Shults
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X D.K. X D.K.

MOTHER

15. MAIDEN NAME: X D.K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): X D.K. X D.K.

17. INFORMANT (ADDRESS): Mrs Sturgeon East St. Louis Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warden Cem DATE Sept 16 1934

19. UNDERTAKER (ADDRESS): Carl K Spencer Salem Mo

20. FILED 9/15 1934 H. E. Rudd, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/14/34, 19

22. I HEREBY CERTIFY, That I attended deceased from February 2, 1934 to Sept 14, 1934

I last saw her alive on Sept 18, 1934. Death is said to have occurred on the date stated above, at 7:30 A.M.

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

Carcinoma of Colon, 46

Date of onset

Other contributory causes of importance:

General Debility
Chronic Inanition

Name of operation ..... Date of .....

What test confirmed diagnosis? Medical Physical Was there an autopsy?

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) Jas. N. McCarty, M. D.

(Address) Salem Mo.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD