

OCT 9 1934

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

Do not use this space.

1. PLACE OF DEATH  
53 County Osborne Registration District No. 449  
Township Lebanon Primary Registration District No. 3509  
City (No. ) St. Ward

File No. 33258  
Registered No. \_\_\_\_\_

2. FULL NAME F. X. Manning  
(a) Residence, No. \_\_\_\_\_ 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 Am 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. F. X. Manning  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 6 1  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dist manager  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. News paper  
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) ma

13. NAME F. X. Manning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Appoline O'Para

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

17. INFORMANT Evelyn J. Manning  
(ADDRESS) 1111 1/2 St. 1st

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Lebanon DATE Sept 3 1934

19. UNDERTAKER W. H. Bahr  
(ADDRESS) Lebanon

20. FILED 9/4 1934 J. M. Coult  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11 P. m.

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

Angina Pectoris Date of onset \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Angina Pectoris

K. 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.

