

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.

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

Do not use this space.

APR 24 1935

9933

1. PLACE OF DEATH

County Monroe
Township Jafferson
City Franklin (No. _____)

Registration District No. 927
Primary Registration District No. 5781B

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Winfield Scott Manning

(a) Residence, No. _____ St. _____ Ward. Florida, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 6 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Margaret B. Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 27, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>81</u>	<u>6</u>	<u>23</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Real estate agent</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>office</u>
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 15, 1932</u>
	11. Total time (years) spent in this occupation <u>30</u>

12. BIRTHPLACE (CITY OR TOWN) Falmouth
(STATE OR COUNTRY) Kentucky

13. NAME Martin M. Manning

14. BIRTHPLACE (CITY OR TOWN) Falmouth, Ky.
(STATE OR COUNTRY)

15. MAIDEN NAME Susan Vermillion

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

17. INFORMANT Mrs. Bessie M. Howell
(ADDRESS) 4056 Oak St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shelburne, Mo. DATE March 10, 1935

19. UNDERTAKER J. B. Brothers
(ADDRESS) Shelburne, Missouri

20. FILED 4-9, 1935 Mrs. A. W. Rowman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 8, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 8, 1935, to Mar 8, 1935.
I last saw him alive on Mar 8, 1935. Death is said to have occurred on the date stated above, at 11:35 a.m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
72-21

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Physiologic 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? _____
If so, specify _____
(Signed) John Brown, M. D.
(Address) Perry, Mo.

APR 26 1953