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.

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

APR 26 1935

Do not use this space.

11635

1. PLACE OF DEATH

County Bloddard — Registration District No. 838 — File No. 156

Township Liberty — Primary Registration District No. 6098B — Registered No.

City ~~Dexter~~ (No. ..... St. ..... Ward)

2. FULL NAME James K Manion

(a) Residence, No. West of City 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: 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: Josephene

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

7. AGE: Years: About 64 — Months: — — Days: — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Grain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer

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): Missouri

FATHER

13. NAME: James K. Manion Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER

15. MAIDEN NAME: " "

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Mrs. Wm Cotten City

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Sycamore DATE: 3/25 1935

19. UNDERTAKER (ADDRESS): C. O. Biggs & Co City

20. FILED 4-10 1935 Alice L. Norman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/24 1935

22. I HEREBY CERTIFY, That I attended deceased from March, 1919, to Mar 23, 1935

I last saw him alive on Mar 23, 1935. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Encephalitis Lethargica	1919
Parkinson's syndrome	

Other contributory causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Phys. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No 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: None

Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. C. Buckman, M. D.

(Address) Dexter Mo