

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.

MAY 21 1935

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

Do not use this space.

11954

1. PLACE OF DEATH

County Richmond Registration District No. 84
 Township Rush Primary Registration District No. 5125
 City East Atchison, Mo. St. _____ Ward _____

2. FULL NAME

Wm. Manley
 (a) Residence, No. _____ St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 5 1849</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>4</u>	DAYS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <input checked="" type="checkbox"/>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Retired</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Beckham Co Mo</u>		
13. NAME <u>Wm. Manley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
15. MAIDEN NAME <u>Martha Bell</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>		
17. INFORMANT <u>G. Manley</u> (ADDRESS) <u>Weston Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richpatrick Cem</u> DATE <u>4/20/35</u>		
19. UNDERTAKER <u>J. N. Parrell</u> (ADDRESS) <u>Weston Mo</u>		
20. FILED <u>4 20 1935</u> <u>L. N. Kingery</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr 14 1935, to Apr 19 1935
 I last saw him alive on Apr 14 1935 Death is said to have occurred on the date stated above, at 7 A. m.
 The principal cause of death and related causes of importance were as follows:
Blood Clot
Sarallisis
(PARALYSIS) Date of onset

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) G. W. Allaman, M. D.
 (Address) Atchison Kans

