

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

Do not use this space.

12084

MAY 21 1935

1. PLACE OF DEATH

County Butler
Township Ash Hill
City (No.) (No.) (No.)

Registration District No. 925
Primary Registration District No. 5138C

File No. _____
Registered No. 61
St. _____ Ward _____

2. FULL NAME James William Manion

(a) Residence, No. Fisk, Mo. Gen. Del. 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 Stella Manion		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 20, 1878		
7. AGE YEARS 57	MONTHS 0	DAYS 9
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION

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

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)
Jackson County Indiana

FATHER

13. NAME J. P. Manion

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

MOTHER

15. MAIDEN NAME Anna Bosley

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

17. INFORMANT Stella Manion (wife)
(ADDRESS) Fisk, Mo. General Delivery

18. BURIAL PLACE Ash Hill cemetery
DATE May 3, 1935

19. UNDERTAKER Greer Undertaking Co.
(ADDRESS) Poplar Bluff, Missouri

20. FILED May 10, 1935 Floya Parker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Apr. 26, 1935, to Apr. 29, 1935
I last saw him alive on Apr. 29, 1935. Death is said to have occurred on the date stated above, at 4:25 P.M.

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

Apoplexy

Date of onset Apr. 26

Other contributory causes of importance:

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 TP G. Farley, M. D.
(Signed) _____
(Address) _____ Fisk

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.

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