

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.

MAY 29 1935

1. PLACE OF DEATH

County Laclede
Township
City Lebanon (No. _____) St. _____ Ward _____

Registration District No. 449
Primary Registration District No. 4267

File No. 13356
Registered No. _____

2. FULL NAME

(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 M 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 Vera Lee Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 1900

7. AGE YEARS 38 MONTHS 8 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Milk Route Driver

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) Laclede Co Mo

13. NAME W. J. Manning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Donald Co Mo

15. MAIDEN NAME Anna B. Davis

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede Co Mo

17. INFORMANT Mrs. Manning (ADDRESS) Cenway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Reper Cemetery DATE 4/21 35

19. UNDERTAKER W. E. Holman (ADDRESS) Lebanon Mo

20. FILED 4/3 1935 J. A. M. Couib Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/1 1935

22. I HEREBY CERTIFY, That I attended deceased from 9 26 1935, to 4-1 1935. I last saw h. _____ alive on 4-1-35 19____. Death is said to have occurred on the date stated above, at 5:15 P.M.

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

Septicemia from
gangrene of scrotum
cause unknown Date of onset 3-24-35

Other contributory causes of importance: 98b

Name of operation Erection time Date of 3-29-35

What test confirmed diagnosis? none 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? no If so, specify _____

(Signed) N. A. Hamilton, M. D.

(Address) Lebanon, Mo.

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1934

1906

28-8

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