

JUN 24 1935

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

Do not use this space.

16371

1. PLACE OF DEATH

County Jackson
Township North
City Kansas City

Registration District No. 100
Primary Registration District No. 100
(No. St. Marys Hospital)

File No. _____
Registered No. _____
St. 1000 Ward

2. FULL NAME

(a) Residence, No. Wada mskan 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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

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

7. AGE YEARS 22 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

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) Ohio

13. NAME Fred Manning

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

15. MAIDEN NAME unknown

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

17. INFORMANT St Marys Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Courthouse DATE May 5 1935

19. UNDERTAKER John J. Shufman (ADDRESS) Kansas City, Mo.

20. FILED 5-2 1935 M. J. Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 18, 1935, to May 2, 1935

I last saw him alive on May 1, 1935. Death is said

to have occurred on the date stated above, at 8 P. m.

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

acute intestinal obstruction Date of onset _____

Other contributory causes of importance:

acute peritonitis
acute perforative
apherentia

Name of operation Drainage Date of Op. 1-3-35

What test confirmed diagnosis? _____ Was there an autopsy? yes

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) E. B. Mell ; M. D.

(Address) 1032 Professional

KC, Mo.

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.

Phase HI 0967

Robert Manning