

AUG 12 1935

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

Do not use this space.

20614

1. PLACE OF DEATH

79 County PERRY
Township SALINE
City (No. _____) _____ St. _____ Ward _____

Registration District No. 658
Primary Registration District No. 6875

File No. _____
Registered No. _____

2. FULL NAME

J. MAT MANNING
(a) Residence, No. NEAR LITHIUM, Mo. 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 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) FEB 9TH 1845

7. AGE YEARS 90 MONTHS 4 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

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) PERRY Co

13. NAME LEO MANNING

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

15. MAIDEN NAME LYDIA Mc-CLENHAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST GENEVIEVE Co

17. INFORMANT HARRY ELLIS
(ADDRESS) LITHIUM, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ST MARYS Mo DATE 6/30/35 19 _____

19. UNDERTAKER YOUNG & FENWICK UND
(ADDRESS) PERRYVILLE, Mo.

20. FILED 7/11 1935 A.F. Deroff
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/28/35, 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-1- 1935 to 6-28, 1935

I last saw him alive on 6-26, 1935 Death is said

to have occurred on the date stated above, at 8:00 p.m.

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

Cardiac Failure

Date of onset

Other contributory causes of importance:

Chronic Cardio-vascular renal disease

3 years

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) Osbert Cannon, M. D.

(Address) Perryville, 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.

