WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-3-28-35

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

NOV 21 1935

Do not use this space.

32951

1. PLACE OF DEATH

County Jackson — Registration District No. 30 — File No.

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. Mo St Joseph Hosp St. 2425 Ward)

2. FULL NAME Florence Ethel McManus

(a) Residence, No. Hamilton, Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Charles McManus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 25, 1906

7. AGE: 29 YEARS — MONTHS: 8 — DAYS: 24 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Ray Co, Mo.

FATHER

13. NAME: Charles Elmer Meisner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co, Mo

MOTHER

15. MAIDEN NAME: Rosie Hankins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ray Co, Mo.

17. INFORMANT (ADDRESS): Mother

18. BURIAL, CREMATION, OR REMOVAL: Pleo, Mo.
PLACE: Prairie Ridge Cem Oct 30 1935

19. UNDERTAKER (ADDRESS): B. M. Hicks, Hamilton, Mo

20. FILED 10-30 1935 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1935 to Oct 30, 1935

I last saw her alive on Oct 29th, 1935. Death is said to have occurred on the date stated above, at 3 P. m.

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

Peritonitis following Perforated Typhoid Ulcer

Date of onset

Other contributory causes of importance: Typhoid Fever

Name of operation: Closure of Ulcer — Date of Oct 26

What test confirmed diagnosis? Culture — 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) S M Daly, M. D.

(Address) Hamilton, Mo

AUG 28 1950