

DEC 11 1935

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

Do not use this space.

36675

1. PLACE OF DEATH

County Maize Registration District No. 3-41
Township Little Rock Primary Registration District No. 5730
City Little Rock (No. 720) St. Ward

2. FULL NAME

Oba Jacob Manning
(a) Residence, No. Belle, Mo. 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 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 Mary Manning

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
51 4 7 2

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

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) New Haven (STATE OR COUNTRY) Mo.

13. NAME James Manning

14. BIRTHPLACE (CITY OR TOWN) Franklin County (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sarah Esther

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

17. INFORMANT Mrs. Sam Werner (ADDRESS) Urbey, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE Nov 8, 1935

19. UNDERTAKER Mortory Funeral Home (ADDRESS) Urbey, Mo.

20. FILED Dec 10, 1935 Blair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 6, 1935, to Nov. 6, 1935

I last saw him alive on Nov. 6, 1935. Death is said to have occurred on the date stated above, at 2 P. m.

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

Epilepsy chronic

Date of onset

32 yrs

Other contributory causes of importance

Hypostatic pneumonia

1 day

Name of operation none Date of ✓

What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Frank C. Anderson, M. D.

(Address) Belle, 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.

WHITE PAINLET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

