

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

Do not use this space.

1240

1. PLACE OF DEATH

County.....Jackson..... Registration District No.....397
 Township.....Kaw..... Primary Registration District No.....1002
 City.....Kansas City..... (No. St. Luke's Hospital)

File No.....
 Registered No.....
 St. Ward

2. FULL NAME Bessie Hayes Manning

(a) Residence, No.....1607 East 42nd 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Jan 5, 1936.
 First saw her alive on Jan 5, 1936. Death is said to have occurred on the date stated above, at P. m. 1:30

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 9, 1884

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
51 5 26

Bilateral Lobar Date of onset
Pneumonia (Mucous)

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

Involving all but Perian
Lower Lobe Left Lung -

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.....

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation..... Date of.....
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

13. NAME Elihu W. Hayes

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)

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

15. MAIDEN NAME Anna E. Jones

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

17. INFORMANT A. H. Manning
 (ADDRESS) 1607 East 42nd St.

18. BURIAL OR CREMATION OF REMAINS
 PLACE Elmwood Cemetery DATE January 7, 1936

19. UNDERTAKER Stine & McClure
 (ADDRESS) 5235 Gillham Plaza

20. FILED Jan 7, 1936 M. M. Brown
 Registrar.

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) F. E. LaWar, M. D.
 (Address) Kansas City, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

70-1706