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.

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

Do not use this space.

FEB 8 1937

Registration District No. 1003 791

Primary Registration District No.

File No. 4178

Registered No. 1222

1. PLACE OF DEATH

County

Township

City OF St. Louis (No. 2751 Russell 2 St. Ward)

2. FULL NAME Martha Manus

(a) Residence, No. 2751 Russell Ave. St., 23 Ward. 1

(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: Female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widow of Harvey L. Manus

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 2, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
85	5	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home 262

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): Kentucky 2

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Mary Haney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

17. INFORMANT: Mrs. Ida Cochran (ADDRESS) 2751 Russell Ave.

18. BURIAL, CREMATION, OR REMOVAL: PLACE Paducah, Ky. DATE Jan. 30, 1937

19. UNDERTAKER: A. V. McLaughlin (ADDRESS) 2501 Lafayette Ave.

20. FILED JAN 27 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/27 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/24, 1937, to 1/27, 1937. I last saw her alive on 1/27, 1937. Death is said to have occurred on the date stated above, at 7 00 a.m.

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

	Date of onset
Broncho-pneumonia	1/18/37
Other contributory causes of importance:	
Chronic myocarditis & atherosclerosis	yrs ago

Name of operation: none Date of

What test confirmed diagnosis? P. E. Was there an autopsy? no

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) Wm J Walker MD, M. D.

(Address) 1040 Emmet St