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.

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Hospital No. 2 St. ..... Ward)

File No. 4272

Registered No. 1334

2. FULL NAME Columbus Manning

(a) Residence, No. 1319 N. Elizabeth St., X Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Col.

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 17, 1905

7. AGE: YEARS 32 | MONTHS 0 | DAYS 8 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 237

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common

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): Mississippi 2

FATHER

13. NAME: Alfred Manning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mississippi 2

MOTHER

15. MAIDEN NAME: Charity Ford

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

17. INFORMANT (ADDRESS): Ruby Perdeau, 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington U DATE 1-28 1937

19. UNDERTAKER (ADDRESS): W. Richter, 3500 Rutger St.

20. FILED JAN 29 1937 J. W. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 10, 1937 to Jan. 25, 1937

I last saw him alive on Jan. 25, 1937. Death is said to have occurred on the date stated above, at 5:15 p. m.

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

	Date of onset
Lobar Pneumonia	1-10-37

108

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) A. L. Lewis, M. D.

(Address) 2945 Lawton Ave.