

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

Do not use this space.

**JUN 18 1937**

**1. PLACE OF DEATH**

County Swiss  
Township Monroe  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 250  
Primary Registration District No. 5349

File No. 10892  
Registered No. 20

**2. FULL NAME**

Uyrl Hartwell Manning

(a) Residence, No. \_\_\_\_\_ 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. 2 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7, 1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
33 8 22

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Welfare  
10. Date deceased last worked at this occupation (month and year) May 29, 1937  
11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry County, Missouri

MOTHER FATHER  
13. NAME John Manning

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unborn Ohio

15. MAIDEN NAME Hortense Bohannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bethany Mo.

17. INFORMANT (ADDRESS) John Manning Albany Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Albany DATE June 1, 1937

19. UNDERTAKER (ADDRESS) Clifford E. Brooke Albany Mo

20. FILED May 30, 1937 H. G. Hope Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1937 to May 29, 1937

I last saw him alive on May 29, 1937 Death is said to have occurred on the date stated above, at about 7 P. M.

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

Fracture Cervical Vertebrae  
Skull  
Crushed Chest Left side

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Medical Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 5-29, 1937

Where did injury occur? Quincy Co. Mo.  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
Public Place - Highway # 13

Manner of injury Auto overturned, thrown from auto

Nature of injury Body Crushed

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

If so, specify Floyd E. Nelson, M.D.

(Signed) \_\_\_\_\_ (Address) Gallatin, Mo.

