

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 100
City Kansas City, Mo. (No. St. Joseph Hosp. St. _____ Ward _____)

36563

File No. _____
Registered No. 3555

2. FULL NAME Inf. Manning

(a) Residence, No. 3420 Campbell St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 2, 1937</u>		
7. AGE YEARS <input checked="" type="checkbox"/>	MONTHS <input checked="" type="checkbox"/>	DAYS <input checked="" type="checkbox"/>
IF LESS than 1 day, <u>2</u> hrs. or <u>2</u> min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <input checked="" type="checkbox"/>		
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

13. NAME D. L. Manning

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

15. MAIDEN NAME Theola Schwabb

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

17. INFORMANT D. L. Manning
(ADDRESS) 3420 Campbell K. C., Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cremation DATE 10/4 '37

19. UNDERTAKER Mayberry Funeral Residence
(ADDRESS) 2315 Linwood Blvd. K. C., Mo.

20. FILED Oct 4 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 2, 1937 '37

22. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1937, to Oct 2, 1937.

I last saw him alive on Oct 2, 1937 Death is said to have occurred on the date stated above, at 5 P m.

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

Premature infant
fracture of expansion
of lungs
5 1/2 months gestation

Other contributory causes of importance:

159

Name of operation _____ Date of _____
Examination Was there an autopsy? yes

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 _____
Nature of injury None

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

If so, specify _____
(Signed) Mellon Osceola M. D.
(Address) 1221 Kalla Bldg K. C. 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.

Dr. M. id. Casbolt
No. 6031
Rudlo Valley