JAN 17 1938

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

Do not use this space.

13955

File No. 4858
Registered No.

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1092
City Kansas City (No. W Gregley Hosp. St. Ward)

2. FULL NAME Manuel McLenore

(a) Residence, No. 1013 Michigan Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unk 1876

7. AGE: Years 61 | Months | Days | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed
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) Simpson Texas

FATHER
13. NAME Amon McLenore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Frank Haley Son
(ADDRESS) 1914 E. 10th apt. 18

18. BURIAL, CREMATION, OR REMOVAL
PLACE Simpson Texas Dec. 3, 1937

19. UNDERTAKER Adkins Bros.
(ADDRESS) 2000 E. 12th

20. FILED Dec 3 1937 M. M. Grow
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30-1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937, to Nov 30, 1937
I last saw him alive on Nov 30, 1937. Death is said to have occurred on the date stated above, at 9:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	
108	

Other contributory causes of importance:

Toxemia

Name of operation ..... Date of .....
What test confirmed diagnosis Clinical Physical 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? No
If so, specify
(Signed) Geo W Hedgepeth M. D.
(Address) 1619 E 12 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD