Issued Feb 27 1939

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

3700
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
(b) Township Perry
(c) City Bonne Terre Mo (d) Street No. Bonne Terre Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
550

Registration District No. 775
Primary Registration District No. 6020-A.
Registered No. 4

2. PRINT FULL NAME Thomas Gary Manion
(a) Residence, No. Bonne Terre Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Jan 5, 1939

7. AGE: Years 0 | Months 0 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as 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) Bonne Terre Missouri

FATHER
13. NAME Thomas Otis Manion
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Kansas

MOTHER
15. MAIDEN NAME Mildred Mary Dobson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Spearfish S. Dakota

17. INFORMANT (ADDRESS) Thomas Otis Manion Bonne Terre Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hope Kans DATE Jan. 7 39

19. FUNERAL DIRECTOR (NAME) Benham Fred C
(ADDRESS) Bonne Terre

20. FILED Jan. 6, 1939 N. W. Hawkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5, 1939, to Jan. 5, 1939
Still-born on Jan. 5, 1939 at 8 p.m.
Last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Still-born (Prolonged labor with instrumental delivery)	

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? — 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) David E Smith, M. D.
(Address) Bonne Terre 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.

Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.