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FEB 7 1939
JAN -7 1939

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

Do not use this space.

3861

1. PLACE OF DEATH

County St. Louis, Missouri | Registration District No. 784 | File No.

Township | Primary Registration District No. 111 | Registered No. 28

City Rich Hgts (No. , St. Mary's Hospital St. Ward)

540

2. FULL NAME Earle Manley Sr.

(a) Residence, No. St., Ward. Festus, Missouri.
(Usual place of abode) (If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 18, 1889.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	49	0	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt of a Div of

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

10. Date deceased last worked at this occupation (month and year) 1 mos ago

11. Total time (years) spent in this occupation 24 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palestine, Texas.

FATHER

13. NAME Maunell Hughs Manley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Tennessee.

MOTHER

15. MAIDEN NAME Catherine Noone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Virginia.

17. INFORMANT (ADDRESS) Mrs. Louise Manley Festus, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Festus, Missouri. DATE Jan 9, 1939

19. UNDERTAKER (ADDRESS) Albert H. Hoppe Inc., 4700 Washington Blvd.

20. FILED JAN -7 1939 R. Meyer M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 19, 1938, to Jan. 6, 1939

I last saw him alive on Jan. 6, 1939. Death is said to have occurred on the date stated above, at 12 35 P.m.

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

	Date of onset
Tularemia with Pneumonia & Multiple Abscesses of Lungs Multiple Abscesses of Liver, Spleen & Lymph Glands all due to same infection	12/1/38

Other contributory causes of importance:

4 HR

Name of operation Lab. Tests & Autopsy Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: No

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) G. O. Brown, M. D.

(Address) 1325 S. Grand Blvd. St. Louis, 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.