

349

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

Do not use this space.

17438

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
 Township Shiloh Primary Registration District No. 3011  
 City Excelsior Springs (No. 11) St. Excelsior Springs Ward 1

File No. 63  
 Registered No. 63

**2. FULL NAME** Eli Manley

(a) Residence, No. Mellott Hill Add Excelsior Springs Ward 1  
 (Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 3 mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 7 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 10. Date deceased last worked at this occupation (month and year) 9/30/30 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

13. NAME Robert Manley

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

15. MAIDEN NAME Louisa McKnight

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

17. INFORMANT (ADDRESS) R. H. Manley  
Excelsior Springs Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs Mo DATE May 12 1931

19. UNDERTAKER (ADDRESS) Herbert Hoff  
Excelsior Springs Mo

20. FILED May 12 1931 J. D. Brown Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1930, to May 10 1931. I last saw him alive on May 9 1931. Death is said to have occurred on the date stated above, at 7 a.m.

The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset about 7 am May 10 1931

Other contributory causes of importance:  
General Arteriosclerosis  
myocardial degeneration

Name of operation none Date of operation na  
 What test confirmed diagnosis? clinical Was there an autopsy? na

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? na Date of injury na  
 Where did injury occur? na (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury na  
 Nature of injury na

24. Was disease or injury in any way related to occupation of deceased? na  
 If so, specify na  
 (Signed) J. D. Brown, M. D.  
 (Address) Excelsior Springs, Mo

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

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.

JUN 24 1931

J. D. Brown

