

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

Do not use this space.

15357

1. PLACE OF DEATH

37 County Ray
Township _____
City Richmond (No. _____)

Registration District No. 744
Primary Registration District No. 3035

File No. _____
Registered No. 49 (Ward) _____

2. FULL NAME

Mrs Elizabeth Bales Manley
(a) Residence. No. _____ St. _____ Ward. _____
(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 22-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 1 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House duties
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer _____

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

10. NAME OF FATHER William Bales

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Nat. Kasaba
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Elizabeth Myers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Nat. Kasaba
(STATE OR COUNTRY) Virginia

14. INFORMANT Walter Manley
(Address) Richmond Mo

15. 5-1-1931 E.E. Ray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 28 1931

17. I HEREBY CERTIFY, That I attended deceased from _____
Mar 15 1928 to April 28 1931
that I last saw h. ea. alive on April 27 1931 and that death occurred, on the date stated above, at 12:35 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Stomach

46B
46B (duration) 2 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. Home (1)

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) R.D. Green M. D.

_____ (Address) Richmond Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Sunny Slope April 29 1931
20. UNDERTAKER ADDRESS

E.J. Hurman Richmond 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.

MAY 27 1931

