

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

Do not use this space.

1597

**1. PLACE OF DEATH**

County Gibson  
Township Lan  
City Laura City (No. 4819)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. 188  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Fenton Ballard Manley  
(a) Residence. No. 4819 Charlotte St., \_\_\_\_\_ Ward. 6  
(Usual place of abode)

Length of residence in city or town where death occurred 17 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of <u>J. E. Manley</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 15, 1879</u>		
7. AGE YEARS <u>49</u>	MONTHS <u>1</u>	DAYS <u>27</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>at home</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>129</u> (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Mo.

10. NAME OF FATHER F. G. Ballard

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER Jallie Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Don't know.

14. INFORMANT J. E. Manley  
(Address) 4819 Charlotte

15. FILED 1-14-29 m. m. Cur  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-12-1929

17. I HEREBY CERTIFY That I attended deceased from Nov. 20, 1928, to 1-12, 1929 that I last saw him alive on 1-12, 1929 and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma Liver  
A cirrhosis + metastatic  
hepatocellular  
(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Carcinoma Liver  
(duration) \_\_\_\_\_ yrs. 6 mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) Fenton W. Manley, M. D.  
1/13, 1929 (Address) 743 Argyle

\*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 Richmond, Mo DATE OF BURIAL Jan. 14 1929

20. UNDERTAKER Freeman Mortuary ADDRESS 42nd St

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

1  
2  
31

