

MAY 25 1934

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

Do not use this space.

13169

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township East Primary Registration District No. 1002
City Kansas City 4309 Monroe St. 1002 Ward

File No. _____
Registered No. 1002
St. 1002 Ward

2. FULL NAME

John Houston Manley
(a) Residence, No. 4309 Monroe 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 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 Mrs Nancy Manley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 5 - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
76 9 25

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, 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) Missouri

13. NAME Robert Manley

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

15. MAIDEN NAME Louisa McKnight

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

17. INFORMANT Mrs Nancy Manley (ADDRESS) 4309 Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Payville Mo. DATE 5 - 1934

19. UNDERTAKER Ms. F. B. Foster (ADDRESS) R. E. Mo.

20. FILED 4 - 30 - 1934 Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 30 - 1934

22. I HEREBY CERTIFY, That I attended deceased from 4 - 30 - 1934 to 4 - 30 - 1934

I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ im.

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

apoplexy
(died while asleep)
2006

Other contributory causes of importance: none to knowledge

Name of operation _____ Date of _____
What test confirmed diagnosis? History 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? _____

If so, specify _____
(Signed) Buford M. Colby, M. D.
(Address) 1225 Shubert Bldg
Kansas City 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.

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