

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

Do not use this space.

35449

**1. PLACE OF DEATH**

County Rand  
Township Knoxville  
City Knoxville (No. \_\_\_\_\_)

Registration District No. 915  
Primary Registration District No. 6236

File No. \_\_\_\_\_  
Registered No. 3 Ward \_\_\_\_\_

**2. FULL NAME** William Manley

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
80      8      13

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.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Knoxville (STATE OR COUNTRY) Tenn

13. NAME Robert Manley

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

15. MAIDEN NAME Gussie McKnight

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

17. INFORMANT May F. Manley (ADDRESS) Randville Rural H

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeray DATE Oct. 15, 1931

19. UNDERTAKER E. H. ... (ADDRESS) Richmond mo

20. FILED Oct 14, 1931 Mrs. G. W. Gaines Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1931, to Oct. 14, 1931.

I last saw h. in alive on Oct 13, 1931. Death is said to have occurred on the date stated above, at 5 a m.

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

Chronic interstitial about  
nephritis  
131

Date of onset

Oct 1929

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? clinical 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? no If so, specify \_\_\_\_\_

(Signed) D. W. Gaines, M. D.  
(Address) Randville no

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.

THIS IS A PERMANENT RECORD

NOV 15 1931

