

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

Do not use this space.

38808

1. PLACE OF DEATH
 17 County Cause Registration District No. 139
 5 Township Hale Primary Registration District No. 4077
 3 City Manly (City) St. _____ Ward) _____
 2. FULL NAME Manly Jane Ford
 (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15-1854
 7. AGE YEARS 78 MONTHS 3 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
 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) New Joplin, Miss. (STATE OR COUNTRY) _____
 FATHER
 13. NAME Hubert G. Grooms
 14. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) _____
 MOTHER
 15. MAIDEN NAME Hanett D. Bromson
 16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) _____
 17. INFORMANT Mrs. M. C. O'Leary (ADDRESS) Hale, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Graveside DATE Dec 19 1932
 19. UNDERTAKER Wm. E. Slater (ADDRESS) Hale, Mo.
 20. FILED Dec 18 1932 WPK Registrar.

MEDICAL CERTIFICATE OF DEATH

1. 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1932 to Dec 17 1932
 I last saw him alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Grip
 Other contributory causes of importance: 11B 11B D
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____
 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) WPK, M. D.
 (Address) _____

Date of onset Dec 15 1932

MARGIN RESERVED FOR BINDING

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.

JAN 22 1933

