

## 1 PLACE OF DEATH

State of Texas

## TEXAS STATE DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Standard Certificate of Death.

552 #60

Registrar's No.

COUNTY OF

CITY OR  
PRECINCTHidalgo  
Edinburg

No. Street

2 FULL NAME  
OF DECEASED

James H. Manning

Residence

Street

49613

Length of residence in  
city where death occurred

yrs. mos. days

How long in U. S.  
If foreign born

yrs. mon. days

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (Write the word)

Male white married

5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6 DATE OF BIRTH  
(Month, day, and year)

March - 1862

7 AGE

Yrs.

Months

Days

If LESS than  
1 day, hrs.  
or min.)

About 67

8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work(b) General nature of industry,  
business, or establishment in  
which employed (or employer)Land appraiser  
Mormon Pacific R.R.9 BIRTHPLACE  
(State or country)

Fall River, Mass

10 NAME OF  
FATHER11 BIRTHPLACE OF  
FATHER  
(State or country)12 MAIDEN NAME  
OF MOTHER13 BIRTHPLACE  
OF MOTHER  
(State or country)14 Signature of  
Informant

Address

15 FILED

19

Chas. S. Collier Registrar

## MEDICAL PARTICULARS

16 DATE  
OF DEATH

Oct 22 1929

17 I HEREBY CERTIFY, That I attended deceased from

Oct 20, 1929, to Oct 22, 1929,

that I last saw him alive on Oct 22, 1929,

and that death occurred on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:

Diabetic coma

CONTRIBUTORY  
(Secondary)

18 Where was disease contracted

If not at place of death?

Did an operation precede death? Date of \_\_\_\_\_

Was there an autopsy?

What test confirmed diagnosis?

(Signed)

M. D.

19 PLACE OF BURIAL OR  
REMOVAL

Houston Tex

DATE OF BURIAL

19

20 UNDERTAKER

F. F. Skinner

ADDRESS

Edinburg Tex

PARENTS

10 NAME OF  
FATHER

Don't know

11 BIRTHPLACE OF  
FATHER  
(State or country)

" "

12 MAIDEN NAME  
OF MOTHER

" "

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