13698

**1. PLACE OF DEATH**

County _Henry_

Township _____

City _Clinton_ (No. _____ , _____ St. _____ Ward)

Registration District No. _3540_

Primary Registration District No. _3018_

File No. _____

Registered No. _41_

**2. FULL NAME** _Flossie Mary Mansfield_

(a) Residence. No. _313 N Clinton_ 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** _F_

**4. COLOR OR RACE** _W_

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) _Single_

**5A. IF MARRIED, WIDOWED, OR DIVORCED**
HUSBAND of
(OR) WIFE of

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) _Sep 30 – 1915_

**7. AGE** | YEARS _3_ | MONTHS _6_ | DAYS _1_ | If LESS than 1 day, ___ hrs. or ___ min.

**8. OCCUPATION OF DECEASED**
(a) Trade, profession, or particular kind of work _Child_
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

**10. NAME OF FATHER** _W. H. Mansfield_

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN)
(STATE OR COUNTRY) _Indiana_

**12. MAIDEN NAME OF MOTHER** _Flossie Raines_

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN)
(STATE OR COUNTRY) _Clinton Mo._

**14. INFORMANT** _W H Mansfield_
(Address) _Clinton Mo._

**15. FILED** _4/2_, 19_19_ _B. B. Barr_ REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) _April 1_ 19_19_

**17.** I HEREBY CERTIFY, That I attended deceased from _Mar 19_, 19_15_, to _Apl 1_, 19_19_, that I last saw her alive on _Apl 1_, 19_19_, and that death occurred, on the date stated above, at _10-15_ a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

_Abscess of right eyeball and septicemia_ (duration) ___ yrs. ___ mos. ___ ds.

**CONTRIBUTORY**
(SECONDARY) ___ (duration) ___ yrs. ___ mos. ___ ds.

**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) _W Stubbins_, M.D
_4/7_, 19_19_ (Address) _Clinton Mo_

*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. (See reverse side for additional space.)

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** _Clinton Mo_ | **DATE OF BURIAL** _Apr 2_ 19_19_

**20. UNDERTAKER** _J. O. Spore_ | ADDRESS _Clinton Mo_

# Revised United States Standard Certificate of Death

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**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman,* etc. But in many cases, especially in industrial employments, it is necessary to know (*a*) the kind of work and also (*b*) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (*a*) *Spinner,* (*b*) *Cotton mill;* (*a*) *Salesman,* (*b*) *Grocery;* (*a*) *Foreman,* (*b*) *Automobile factory.* The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine,* etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home,* and children, not gainfully employed, as *At school* or *At home.* Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid,* etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None.*

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum,* etc., *Carcinoma, Sarcoma,* etc., of ........................... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis,* etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.; Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL *septicemia,*" "PUERPERAL *peritonitis,*" etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.