

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAR 25 1927

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

Do not use this space.

5349

1. PLACE OF DEATH

County Livingston  
Township Chillicothe  
City Chillicothe (No. ....)

Registration District No. 508  
Primary Registration District No. 3024

File No. ....  
Registered No. 25  
St. .... Ward)

2. FULL NAME

Hazel M Mansfield

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

White

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)

May 7 1924

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or ... min.

2

9

11

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) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN)

Sampson, Iowa

(STATE OR COUNTRY)

Livingston Mo

10. NAME OF FATHER

Paul Mansfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Sampson

(STATE OR COUNTRY)

Livingston Co. Mo. Mo

12. MAIDEN NAME OF MOTHER

Clara McMurtry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo. Mo.

(STATE OR COUNTRY)

14. INFORMANT

Paul Mansfield

(Address)

Breckenridge Mo

15. FILED

2-28-27

Breken Dorsey

REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

Feb. 28 1927

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1927, to Feb. 28, 1927, that I last saw her alive on Feb. 24, 1927, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Gastro Intestinal Influenza

HP

(duration) ... yrs. ... mos. 7 ds.

CONTRIBUTORY (SECONDARY)

(duration) ... yrs. ... mos. ... ds.

18. WHERE AS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Breckenridge - Mo.

DID AN OPERATION PRECEDE DEATH? DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

Physical examination

(Signed) H.M. Groel, M. D.

, 19 (Address) Chillicothe - 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Trosper Cem

Mar 3 1927

20. UNDERTAKER

ADDRESS

713 Norman Chillicothe

