

JAN 28 1928

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

Do not use this space.

1. PLACE OF DEATH
Leclède

County.....

Registration District No. 1149

Township.....
Lebanon

Primary Registration District No. 5709

City.....

41472
File No.....
Registered No. 1506
St. Ward)

2. FULL NAME James A. Mansfield

(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 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 Martha S. Holman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7 1841

7. AGE 87 YEARS MONTHS 2 DAYS No. If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

10. NAME OF FATHER R. M. Mansfield

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Spears

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn

(STATE OR COUNTRY)

14. INFORMANT A. H. Mansfield

(Address) St. Louis Mo

15. FILED 12/11 1928 J.M. Bellings REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 7th 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 2 1928, to Dec 7 1928 that I last saw him alive on Dec 7 1928, and that death occurred, on the date stated above, at 12.30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Arteriosclerosis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam

(Signed) P. Thompson, M. D.

, 19 (Address) Lebanon 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

Lebanon Mo. Dec. 9th. 19

20. UNDERTAKER Palmer Lebanon Mo. ADDRESS

X. 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.

