

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

Do not use this space.

19100

PLACE OF DEATH
County Gasconade
Township Mansville
City Mansville

Registration District No. 305
Primary Registration District No. 4154

File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(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) June 23, 1930

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 3 hrs. or — min.

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)

(STATE OR COUNTRY)

Mansville, Mo.

10. NAME OF FATHER

Joseph Ashton Arnaud

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Louisiana

12. MAIDEN NAME OF MOTHER

Grace Browning

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14. INFORMANT

(Address)

Joseph Ashton Arnaud
Mansville, Mo.

15.

FILED

6-27-30

J. F. Ferrell
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24, 1930

17.

I HEREBY CERTIFY, That I attended deceased from June 23, 1930, to June 24, 1930, that I last saw her alive on June 24, 1930, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Asphyxia neonatorum

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)

J. F. Ferrell

M. D.

*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

Mansville, Mo.

6-25, 1930

20. UNDERTAKER

ADDRESS

W. F. Hattenstratter, Mansville, Mo.

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

