

APR 20 1931

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

Do not use this space.

8705

1. PLACE OF DEATH

County Barry
Township Mohr
City Mohr (No.)

Registration District No. 30
Primary Registration District No. 3003

File No.
Registered No. 21
St. Ward)

2. FULL NAME

JAMES MANSFIELD
(a) Residence, No. 404 First 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Mansfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 7 1858

7. AGE YEARS 72 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Passenger Conductor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Indiana

13. NAME Mansfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 16

15. MAIDEN NAME Mary Maroney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Chas Mansfield (ADDRESS) Mohr Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St Calpary DATE 3/29 1931

19. UNDERTAKER Callaway (ADDRESS) Mohr Mo

20. FILED 3-29-31 11 M. 11:30 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27 1931

22. I HEREBY CERTIFY, That I attended deceased from April, 1927, to March, 1931
I last saw him alive on March 27, 1931. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:
Angina pectoris
Date of onset years standing

Other contributory causes of importance:
PPH 4 2

Name of operation..... None Date of.....
What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. E. Hastings M.D.
(Address) Mohr Mo

N. 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.

