WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

40068

1. PLACE OF DEATH

County JACKSON — Registration District No. 399 — File No. 5076

Township KAW — Primary Registration District No. 1002 — Registered No. 5076

City KANSAS CITY (No. 2826 - EUCLID St. Ward)

2. FULL NAME MRS ROMA L. MANSFIELD

(a) Residence, No. 2826 - EUCLID St., 4 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF Robert C. Mansfield

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 12, 1878

7. AGE: YEARS 54 — MONTHS 11 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Illinois

FATHER

13. NAME Otto J. Little
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Willard F. Elliott 2826 Euclid

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE Dec 31 1932

19. UNDERTAKER (ADDRESS) D. W. Kewcomer & Son K C Mo

20. FILED 12/30, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5 1932, to Dec. 30 1932.
I last saw him alive on Dec 29, 1932. Death is said to have occurred on the date stated above, at 9:45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma	
48 Uterus	1930

Other contributory causes of importance: 48 (1)

Name of operation none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) [signature], M. D.
(Address) 703 Waldheim Bldg

Dr J[illegible] B. [illegible]
703 W[illegible]
[illegible]