

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

Do not use this space.

17392

1. PLACE OF DEATH

80 County Jettis Registration District No. 667
Township La Monte Primary Registration District No. 4400
City La Monte (No. St. Ward)

File No.
Registered No. 6

2. FULL NAME

Benjamin 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 12 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 Mable Mansfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1884
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 10 18
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. leaf laborer
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) Randolph Co Mo
13. NAME Joseph S. Mansfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
15. MAIDEN NAME Reith Trucker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
17. INFORMANT Mrs Ben Mansfield (ADDRESS) La Monte Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE La Monte DATE 5-9 1933
19. UNDERTAKER B. J. O'Carroll (ADDRESS) La Monte Mo
20. FILED 5-9 1933 B. J. O'Carroll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 7 1933
22. I HEREBY CERTIFY, That I attended deceased from May 5 1933, to May 7 1933
I last saw him alive on May 7 1933. Death is said to have occurred on the date stated above, at 5 P m.
The principal cause of death and related causes of importance were as follows:

46 E
Carcinoma Liver
Date of onset Nov 32
Other contributory causes of importance: 46 E

Name of operation none Date of
What test confirmed diagnosis? autopsy 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) W. E. Walker M. D.
(Address) La Monte 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.

MAY 22 1933

237
1
2
2

