

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

Do not use this space.

43509

JAN 7 8 1935

1. PLACE OF DEATH

County Lafayette
Township Napoleon
City Napoleon (No. _____) St. _____ Ward _____

Registration District No. 466
Primary Registration District No. 4276

File No. _____
Registered No. 20

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

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 1

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22-34

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Napoleon (STATE OR COUNTRY) mo

MOTHER 13. NAME Wm H. Mansell

14. BIRTHPLACE (CITY OR TOWN) Ray county (STATE OR COUNTRY) _____

15. MAIDEN NAME Jewel Dickerson

16. BIRTHPLACE (CITY OR TOWN) Blaseau (STATE OR COUNTRY) mo

17. INFORMANT Wm H. Mansell (ADDRESS) Napoleon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dec 27 - Napoleon mo. 1934

19. UNDERTAKER Ernest Bigert (ADDRESS) Lebanon mo

20. FILED Dec 26 1934 W. H. Mansell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22 1934 to Dec 26 1934

I last saw her alive on Dec 26 1934. Death is said to have occurred on the date stated above, at 10:30 A.M.

The principal cause of death and related causes of importance were as follows:

Date of onset _____
Premature Birth
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Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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. H. Mansell M. D.

(Address) Lebanon mo

CAUSE OF DEATH in plain terms, so that it may be properly understood.

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