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

MAR 19 1936

Do not use this space.

6345

1. PLACE OF DEATH
County: Jackson — Registration District No.: 402
Township: — Primary Registration District No.: 4237
City: Oak Grove (No. ..... St. ..... Ward)

File No.:
Registered No.:

2. FULL NAME: James Allen Mansell
(a) Residence, No. ..... St., ... 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: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): X
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 17-1935.
7. AGE: Years X; Months 3; Days 27; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
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): Mo.

FATHER
13. NAME: Lee Mansell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kan

MOTHER
15. MAIDEN NAME: Christen Maple
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: Lee Mansell
(ADDRESS): Oak Grove, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove Mo DATE: 2/15 — 1936
19. UNDERTAKER: Z. Webb
(ADDRESS): Oak Grove, Mo.
20. FILED: Feb. 29, 1936 Mrs. O. H. Mann
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-14, 1936
22. I HEREBY CERTIFY, That I attended deceased from Feb. 10, 1936, to Feb. 14, 1936
I last saw him alive on Feb-14, 1936. Death is said to have occurred on the date stated above, at 10 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	2-11-36
Other contributory causes of importance: Rickets	Nov. 1936

Name of operation: no Date of: —
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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): O. Liston, M. D.
(Address): Oak Grove Mo

O. Liston, M.D

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.