

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.

WEDNESDAY 18 1937

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

Do not use this space.

5599

File No. _____
Registered No. 96

1. PLACE OF DEATH
 County Jefferson Registration District No. 213
 Township _____ Primary Registration District No. 3014
 City Jefferson (No. _____) St. _____ Ward _____
 2. FULL NAME Archie Dec. Mansford
 (a) Residence, No. 429 W. Elm St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 - 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
5 8 8
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chies
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In school
 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) Jefferson City Mo
 MOTHER 13. NAME Arthur Mansford
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME Estelle Percival
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Arthur Mansford
 (ADDRESS) 429 W. Elm
 18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE 2/23/37
 19. UNDERTAKER Amos - Turner
 (ADDRESS) Jefferson Mo
 20. FILED 2/23/1937 Subsidiary M. D.
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1937
 22. I HEREBY CERTIFY, that I attended deceased from February 1, 1937 to Feb 21 - 1937
 I last saw h. ec alive on Feb 21, 1937 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Scarlet Fever Date of onset 1-30-37
Acute hemorrhagic nephritis - anemia
Osteomyelitis of right 2nd toe
 Other contributory causes of importance:
Bilateral Otitis Media
Suppurative Otitis & Petroscleritis
cellulitis of left eye.
 Name of operation None Date of _____
 What test confirmed diagnosis? Laboratory 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) Julius A. Osann M. D.
 (Address) Jefferson City Mo

