

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.

176
9
JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township _____
City Clayton, Mo.

Registration District No. 790
Primary Registration District No. 60339
(No. 336 Edgewood Drive.)

File No. 24867
Registered No. 196
St. _____ Ward _____

2. FULL NAME Malinda Mansfield French.

(a) Residence, No. 336 Edgewood Drive. St. 1 Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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 Isaac C. French.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 20, 1832.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
105. 4. 12.

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. At Home.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hardin County, (STATE OR COUNTRY) Ky.

13. NAME Robert C. Mansfield.

14. BIRTHPLACE (CITY OR TOWN) Kentucky. (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Elizabeth Beatty.

16. BIRTHPLACE (CITY OR TOWN) Kentucky. (STATE OR COUNTRY)

17. INFORMANT Sam F. Doty. (ADDRESS) 336 Edgewood Drive, Clayton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mexico, Missouri. DATE June 3rd, 37.

19. UNDERTAKER C. R. Lupton & Sons. (ADDRESS) 4449 Olive Street.

20. FILED 6/2 1937 Dr. J. J. Sigwalt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr. 13, 1937, to June 1, 1937

I last saw her alive on June 1, 1937. Death is said to have occurred on the date stated above, at 8:35 p.m.

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

General + cerebral arterio-sclerosis

Date of onset _____

Other contributory causes of importance: _____

Name of operation 0 Date of _____

What test confirmed diagnosis? 0 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) Nirvan S. Luzzitt M. P. (Address) 3720 Washington Blvd - St. Louis

Dr Hiram S. Liggett.
Beaumont Bldg.
3720 Washington Ave.

12:30 - 3 PM

Je 1551

416 Edgewood Dr

Cal 7074

Gr. 6080

70 211
12