

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.

AUG 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County HowellTownship HowellCity West Plains Mo (No. 1)Registration District No. 384Primary Registration District No. 4227File No. 27360Registered No. 16 Ward2. FULL NAME Malissa E. 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 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) Widow5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. E. Mansfield6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 21, 18557. AGE YEARS 81 MONTHS 4 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife

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) Henry Co. Mo.13. NAME William Page14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Helaney Clitwood16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo17. INFORMANT (ADDRESS) Mary Bright18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 4-18 193719. UNDERTAKER (ADDRESS) Robertson Mortuary20. FILED 4-18 1937 Vida W. SIMONS Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-17 193722. I HEREBY CERTIFY, That I attended deceased from 4/1 1937 to 4/17 1937I last saw her alive on 4/15 1937, 19____ Death is said to have occurred on the date stated above, at 2:57 P.M.

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

Cerebral hemorrhage Date of onset 4/15/37Other contributory causes of importance: 82a1

Name of operation _____ Date of _____

What test confirmed diagnosis? Cancer 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? noIf so, specify _____ (Signed) P. D. Green, M. D.(Address) West Plains, MoSum

JUL 11 1957