

DEC 17 1937

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

Do not use this space.

41172

1. PLACE OF DEATH

County Dunklin
Township Jackson
City Clarkston (No. _____, St. _____, Ward _____)

Registration District No. 284
Primary Registration District No. 5403

File No. _____
Registered No. 22

2. FULL NAME unnamed

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-21-37

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

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-21-37

First seen alive on _____, 19____. Death is said to have occurred on the date stated above, at 8 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min. 0 0 0 0

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

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 _____

Unknown - Stillborn Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Clarkston (STATE OR COUNTRY) Mo

Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME L. D. Mansfield

14. BIRTHPLACE (CITY OR TOWN) Holcomb (STATE OR COUNTRY) Mo

15. MAIDEN NAME Alberta Akers

16. BIRTHPLACE (CITY OR TOWN) Malden (STATE OR COUNTRY) Mo

17. INFORMANT L. D. Mansfield (ADDRESS) Clarkston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Handheld DATE 11-22-37

19. UNDERTAKER Paul T. Hubbard (ADDRESS) Clarkston Mo

20. FILED 11-22-37 J. B. Steinmetz Registrar.

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) J. B. Steinmetz, M. D. (Address) Clarkston Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

