

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.

REC'D FEB 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence

Township Mt. Vernon

City Mt. Vernon

Registration District No. 470

Primary Registration District No. 5633

(No. Missouri State Sanatorium)

File No. 2870

Registered No. 9

St. _____ Ward _____

2. FULL NAME Floyd Charles Mansfield

(a) Residence, No. Hornersville, 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. 6 mos. 6 ds.

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
24 8 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) July 1937 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Mammoth Spring (STATE OR COUNTRY) Arkansas

13. NAME Emmet Eli Mansfield

14. BIRTHPLACE (CITY OR TOWN) Phelps County (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Henry Leverne

16. BIRTHPLACE (CITY OR TOWN) Mammoth Spring (STATE OR COUNTRY) Arkansas

17. INFORMANT E. McMichael, Record Clerk (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL

PLACE Kennett, Mo. DATE Jan 24, 1939

19. UNDERTAKER Baldwin Lusk Co. (ADDRESS) Kennett, Mo.

20. FILED Jan 20, 1939 P. A. Holmes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to Jan 20, 1939.

I last saw him alive on Jan 19, 1939 Death is said

to have occurred on the date stated above, at 1:00 a.m.

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

Pulmonary tuberculosis

Date of onset 1933

Other contributory causes of importance: 27'

Name of operation None Date of _____

What test confirmed diagnosis? Sputum Was there an autopsy? Yes

22. 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? _____

If so, specify _____

(Signed) J. H. Tucker, M. D.

(Address) Mt. Vernon, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-288

Date Filed FEB 16 1938