REC'D SEP 19 1939

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

Do not use this space.

29765

1. PLACE OF DEATH

70 County Montgomery — Registration District No. 591 — File No.

Township Praire — Primary Registration District No. 5789 — Registered No.

City ~~Carso~~ 521 (No. ..... St. ..... Ward)

2. FULL NAME John Mansfield

(a) Residence, No. Carso St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-12-1859.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	6	25	

OCCUPATION

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. General Duties

10. Date deceased last worked at this occupation (month and year) April 1937

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo, 0

FATHER

13. NAME John M Mansfield. 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo. 0

MOTHER

15. MAIDEN NAME Lenora Heller.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montgomery Co Mo.

17. INFORMANT (ADDRESS) R L Mansfield Carso. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maccedonia Cem DATE Sep't 8.1939

19. UNDERTAKER (ADDRESS) Oland A Jones Bellflower

20. FILED Spt. 8, 1939 Leob Rigg Registrar. 521

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from November 1936, to Sept. 1, 1939

I last saw him alive on Sept. 1, 1939. Death is said to have occurred on the date stated above, at 12:30 P.m.

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

	Date of onset
Uremia	9/1/39
Chronic Interstitial Nephritis	1925
Chronic Arteriosclerosis	1925
Chronic Myocarditis	1925

Other contributory causes of importance: 131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A. H. Van Arsdale M.D.

(Address) Bellflower, Mo.