

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton (No. _____)

Registration District No. 347
Primary Registration District No. 3018

File No. 40411
Registered No. 142
St. _____ Ward _____

2. FULL NAME

Charlot M Mansfield

(a) Residence. No. 700 E Ohio St. _____ Ward _____

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

mar

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

Chas J Mansfield

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

Oct 6 1867

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>62</u>	<u>1</u>	<u>28</u>	

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

White Co Ind

10. NAME OF FATHER

Joseph Henderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Ky

12. MAIDEN NAME OF MOTHER

Mary Jane Kelly

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

White Co Ind

14. INFORMANT (Address)

Chas J Mansfield
Clinton Mo

15. FILED

12/5 1929 Dr. E.C. Peelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 4 1929

17.

I HEREBY CERTIFY, That I attended deceased from Oct 8 1929, to Dec 4 1929, that I last saw her alive on Dec 4 1929 and that death occurred, on the date stated above, at 2:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the cervix
of the uterus
48 (duration) about 18 yrs. mos. ds.

CONTRIBUTOR (SECONDARY)

46 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical

(Signed) S W Updegraff, M. D.

, 19 (Address) Clinton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Englewood Cem
20. UNDERTAKER Spoer son

DATE OF BURIAL

Dec 6 1929
ADDRESS Clinton Mo

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.

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