

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

Do not use this space.

17176

1. PLACE OF DEATH

County Barry
Township _____
City Monett (No. _____)

Registration District No. 30
Primary Registration District No. 3003

File No. _____
Registered No. 47
St. _____ Ward _____

2. FULL NAME

Mrs. Annie Elizabeth 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED (a) HUSBAND or (b) WIFE of Geo Mansfield

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 15, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 21 or _____ min.

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Wm Higgins

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

12. MAIDEN NAME OF MOTHER Sarah Ridge

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

14. INFORMANT Geo Mansfield
(Address) Monett Mo

15. FILED 5-29-29 W. M. West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) May 26 1929

17. I HEREBY CERTIFY That I attended deceased from May 26, 1929, to May 26, 1929 that I last saw him alive on May 26, 1929, and that death occurred, on the date stated above, at 11:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Seneca P. Oloris
126
94A

(duration) few hrs yrs. mos. ds.
CONTRIBUTOR (SECONDARY) Spinal trouble
(duration) 3.5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) [Signature] M. D.
5724, 1929 (Address) Monett 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 St. Calvary DATE OF BURIAL 5/29 1929

20. URBERTAKER Callaway ADDRESS Monett

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.

JUN 24 1929

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