

APR 24 1936

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

Do not use this space.

7306

1. PLACE OF DEATH

County RAY
Township CAMDEN
City CAMDEN (No. _____, St. _____ Ward _____)

Registration District No. 739
Primary Registration District No. 4441

File No. _____
Registered No. _____

2. FULL NAME REBECCA MANSEL

(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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 16 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 3 8

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

13. NAME William Dennis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Loechy Hannon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Zachari Mansel (ADDRESS) Camden Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Quisk Mo DATE 3/26/36

19. UNDERTAKER W. M. Jones (ADDRESS) Quisk Mo

20. FILE NO. 73-24 1936 W. W. Burgess Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 8 1936, to Feb. 24 1936
Last saw her alive on 2/24 1936 Death is said to have occurred on the date stated above, at 2:45 P. M.
The principal cause of death and related causes of importance were as follows:

old age
Influenza
low vitality

Other contributory causes of importance: _____

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? _____
If so, specify Geo. B. Pennington, M. D.
(Signed) _____ (Address) Camden 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.

