

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

Do not use this space.

JUN 28 1937

21100

1. PLACE OF DEATH
 89 County Ray Registration District No. 739
 1 Township Camden Primary Registration District No. 2441
 1 City Camden (No. 2) St. _____ Ward _____

2. FULL NAME Zach. Mansell
 (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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rebecca Mansell
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1844
 7. AGE YEARS 93 MONTHS 3 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1937
 22. I HEREBY CERTIFY, That I attended deceased from May 4, 1937 to May 26, 1937
 I last saw him alive on 5/25, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:

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

Date of onset _____
Chronic Myocarditis
 Other contributory causes of importance: _____
Fracture

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
 13. NAME Zach. Mansell
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

MOTHER 15. MAIDEN NAME do not know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Daisy Mansell
 (ADDRESS) Camden, Mo.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____
 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 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE South point DATE 5/28/37
 19. UNDERTAKER C. M. Lounge
 (ADDRESS) Richmond, Mo.
 20. FILED May 25 1937 M. D. Middleton Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify Yes
 (Signed) Geo. L. Livingston, M. D.
 (Address) Camden, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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