

DEC 27 1937

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

Do not use this space.

42281

1. PLACE OF DEATH

County Ray
Township Shades Grove
City Harden (No.)

Registration District No. 914
Primary Registration District No. 6235

File No.
Registered No. 7
St. Ward)

2. FULL NAME

Clifford Eugene Mansur

(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 11 yrs. 8 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9 1926

7. AGE 11 YEARS MONTHS 8 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Ray Co Mo

13. NAME Jennings, W. Mansur
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stet Mo

15. MAIDEN NAME Lillie Ethel Coates

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fairville Mo

17. INFORMANT (ADDRESS) Mrs. E. R. Well

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Nov 28 1937

19. UNDERTAKER (ADDRESS) J. W. Dunne

20. FILED Nov 26 1937 W. E. Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 24 1937 to Nov 26 1937

I last saw him alive on Nov 26 1937. Death is said to have occurred on the date stated above, at 1 A. m.

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

Pertussis Date of onset 3 Wks.

Other contributory causes of importance:

Diabetes Mellitis 1 yr.

Name of operation Date of
What test confirmed diagnosis Clinical Was there an autopsy? No

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) D. W. Gaines, M. D.
(Address) Richmond, 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.

