

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

Do not use this space.

34527

**1. PLACE OF DEATH**

County Ray  
Township Richmond  
City Richmond (No. ....)

Registration District No. 744  
Primary Registration District No. D035

File No. ....  
Registered No. 84  
St. .... Ward)

**2. FULL NAME** John I 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 yrs. mos. 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) Married

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

Adaline Mansur

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 30 1850

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1	
				day, hrs.	or min.
<u>78</u>		<u>8</u>	<u>13</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer

(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) Ray Co Mo.

10. NAME OF FATHER Isiah Mansur

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

(STATE OR COUNTRY) New Hampshire

12. MAIDEN NAME OF MOTHER Susan Smith

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

(STATE OR COUNTRY) Ky

14. INFORMANT Mrs. Adaline Mansur  
(Address) Richmond Mo.

15. FILED Oct 20, 28 R L Hamilton  
1928 REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13 1928 19

17. I HEREBY CERTIFY That I attended deceased from Nov 30, 1928, to Oct 13, 28, that I last saw him alive on Oct 13, 1928, and that death occurred, on the date stated above, at 8-20 P. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Paralysis  
82A  
82D  
(duration) .... yrs. .... mos. 15 ds.

CONTRIBUTORY (SECONDARY) .....

(duration) .... yrs. .... mos. .... ds.

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

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None  
(Signed) L. J. ..., M. D.

Oct 15, 1928 (Address) Richmond 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 City Cem. DATE OF BURIAL 10/15/28

20. UNDERTAKER R. L. Mansur ADDRESS Richmond Mo.

WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

1942

SECRET

CONFIDENTIAL

SECRET

CONFIDENTIAL

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Ray  
Township  
City Richmond (No. ....)

Registration District No. 444  
Primary Registration District No. 3035-

Folio No. ....  
Registered No. 84  
St. .... Ward)

**2. FULL NAME**

(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.

*John J. Manau*

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

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

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

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

**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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED ..... 19.....

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 13. 1928

17. I HEREBY CERTIFY That I attended deceased from ..... 19....., 19..... that I last saw h..... alive ..... 19....., and that death occurred, on the date stated above, at .....

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

*Analysis following cerebral hemorrhage*

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) L. D. Green M. D.

Dec 16. 1928 (Address) Richmond 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

DATE OF BURIAL

19

20. UNDERTAKER

ADDRESS

WRITE PLAINLY WITH UNFADING INK---THIS IS A PRELIMINARY REPORT

N. B.---This should be carefully supplied. AGE should be state. PHYSICIANS should state CAUSE OF DEATH so that it may be properly classified. Exact statement of CAUSE OF DEATH is very important.

REGISTRARS SHOULD RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

**SUPPLEMENTARY**

S-34527