

WRITE PLAINLY, 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.

MAR 31 1933

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

Do not use this space.

1. PLACE OF DEATH  
89 County Franklin Registration District No. 914  
Township Franklin Primary Registration District No. 6233-  
City (No. ) Ward

8928

File No. \_\_\_\_\_  
Registered No. 3

2. FULL NAME  
Louis H. Mansur  
(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

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 Lulu D. Mansur  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 7, 1856.  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 11 0  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farming  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this \_\_\_\_\_ occupation 76

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County MO.

FATHER 13. NAME Isaiah Mansur

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

MOTHER 15. MAIDEN NAME Susan Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County, MO.

17. INFORMANT (ADDRESS) Mary Mansur Owen  
Cowdrey, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Cemetery DATE Feb. 10, 1933

19. UNDERTAKER (ADDRESS) Mansur undertaking Estab.  
Richmond, MO.

20. FILED Feb 19 1933 H. E. Gant  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1933. 19

22. I HEREBY CERTIFY, That I attended deceased from 1931 to Feb. 7, 1933.  
I last saw him alive on Feb. 4, 1933 19. Death is said to have occurred on the date stated above, at 9 P.M.

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

Menigitis due to cerebral  
Hemorrhage

Other contributory causes of importance:  
Not known

Name of operation NO Date of \_\_\_\_\_  
What test confirmed diagnosis? Clin. 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 \_\_\_\_\_

(Signed) Henry H. Johnson, M. D.  
Ray Co., MO.  
(Address) \_\_\_\_\_

