

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

Do not use this space.

31952

1. PLACE OF DEATH *New Madrid*  
 County *New Madrid* Registration District No. *604*  
 Township \_\_\_\_\_ Primary Registration District No. *5002*  
 City *New Madrid* (No. *4338*) Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Nolan Mansker*  
 (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 *1* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>-</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>X</i>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept 3-1930</i>			
7. AGE	YEARS <i>1</i>	MONTHS	DAYS <i>19</i>
		If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>X</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>X</i>		
	10. Date deceased last worked at this occupation (month and year) <i>X</i>		
		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New Madrid Mo</i>			
FATHER	13. NAME <i>Sam Mansker</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Chester Ia</i>		
MOTHER	15. MAIDEN NAME <i>Mae Smith</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Jackson County Mo</i>		
17. INFORMANT <i>Sam Mansker</i> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Cremation</i> DATE <i>Sept 23, 1930</i>			
19. UNDERTAKER <i>Richards and Co.</i> (ADDRESS) <i>New Madrid</i>			
20. FILED _____, 19 _____ Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 22, 1930*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 21 at*, 1931, to *Sept 22*, 1931  
 I last saw him alive on *Sept 22 9:30 PM*, 1931. Death is said to have occurred on the date stated above, at *9:30* m.  
 The principal cause of death and related causes of importance were as follows:  
*Mucous Colitis*  
*119*  
*10/24*  
 Other contributory causes of importance:  
*Severe cold on lungs*

Date of onset <i>7-14-30</i>
---------------------------------

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *mucous blood* 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) *M. H. Hill* M.D.  
 (Address) *New Madrid 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.

OCT 24 1931

RECORD WITH UNFADING INK THIS IS A PERMANENT RECORD

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**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 New Madrid Registration District No. 604 File No. ....  
 Township ..... Primary Registration District No. 4358 Registered No. 120  
 City ..... (No. ....) St. .... Ward .....

**2. FULL NAME**

Nolan Mansson  
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) S

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 ..... (duration) ..... yrs. .... mos. .... ds.  
 (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 11/4, 1951 W. B. Cannon REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/22 19 31

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY)

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)....., M. D.  
 , 19 (Address)

\*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

--- THIS IS A PERMANENT RECORD ---  
 AGE should be stated EXACTLY. PHYSICIAN should be stated EXACTLY. Exact statement of OCCUPATION should be stated. CAUSE OF DEATH in plain terms, so that it may be classified.  
 REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY BOARD OF HEALTH.  
 WRITE PLAINLY, WITH UNUSUAL INFORMATION SHOULD BE CAREFULLY CLASSIFIED.  
 X. B. Cannon REGISTRAR

SUPPLEMENTARY

S-31952