

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

Do not use this space.

23513

1. PLACE OF DEATH
 72 County New Madrid Registration District No. 604
 7 Township New Madrid Primary Registration District No. 580
 2 City New Madrid No. 4358 St. _____ Ward _____
 2. FULL NAME Grace - Ida 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sam Mansker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 - 1894
 7. AGE YEARS 37 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. House wife
 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 COUNTY) Rogersford
 MOTHER FATHER 13. NAME John Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 15. MAIDEN NAME Helie Noda
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT Sam Mansker
 18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen DATE July 27, 1932
 19. UNDERTAKER (ADDRESS) Richards & Co. New Madrid
 20. FILED 7/29/32 1932 W. O. Baum Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932
 22. I HEREBY CERTIFY, That I attended deceased from July 26, 1932 to July 26, 1932
 Last saw him alive on July 26, 1932. Death is said to have occurred on the date stated above, at 4:10 m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Congestion from Date of onset _____
Permanently Imbalanced
38 38
 Other contributory causes of importance: History of
epilepsy at intervals for
just 4 or 10 days.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? (D) 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) W. H. Dyer, M. D.
 (Address) New Madrid Mo

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.

AGE 35 1932

V. 51 No. 2.

