

County Duchaux 43
 Township _____ Registration District No. 85 File No. 9500
 or
 Village _____ Primary Registration District No. 1001 Registered No. 289
 City St Joseph (NO. State Hosp #2) St. _____ Ward _____
 FULL NAME Fred Monroe [If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX <u>m</u>	COLOR OR RACE <u>wh</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>married</u>
DATE OF BIRTH <u>unk unk 872</u> (Month) (Day) (Year)		
AGE <u>39</u> yrs. <u>unk</u> mos. <u>unk</u> ds.		IF LESS than 1 day, ____ hrs. or ____ min.?
OCCUPATION (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
BIRTHPLACE (City or town, State or foreign country) <u>Mo 3-57</u>		
PARENTS	NAME OF FATHER <u>unk</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) "	
	MAIDEN NAME OF MOTHER "	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) "	

DATE OF DEATH May 27, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 13, 1911, to May 27, 1911, that I last saw hm alive on May 27, 1911, and that death occurred, on the date stated above, at 11 a. m.
 The CAUSE OF DEATH* was as follows:
Carcinoma of testicle
unk (Duration) ____ yrs. ____ mos. ____ ds.
Epilepsy
 Contributory (SECONDARY) unk (Duration) ____ yrs. ____ mos. ____ ds.
 (Signed) McLary M. D.
May 27, 1911 (Address) State Hosp #2

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 5 yrs. unk mos. unk ds. In the 39 yrs. unk mos. unk ds.
 Where was disease contracted
 If not at place of death? Probably at place of death
 Former or usual residence Chardon Co

PLACE OF BURIAL OR REMOVAL <u>Asylum Grounds</u>	DATE OF BURIAL <u>May 30</u> 191 <u>1</u>
UNDERTAKER <u>Rack & Clark</u>	ADDRESS <u>St Joe</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(ADDRESS)

Filed

May 30, 1911, H B Kelling

REGISTRAR

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.

