JUN 24 1927

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

Do not use this space.

14288

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No.
Township ~~Washington~~ — Primary Registration District No. 1001 — Registered No. 525
City St Joseph (No. Sisters Hospital St. Ward)

2. FULL NAME Orley B. Monroe
(a) Residence. No. St., Ward. Troy Kans.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 11 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 25-1871

7. AGE: 55 Years — Months: 4 — Days: 21 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Station Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Hollandburg
(c) Name of employer: Kansas

9. BIRTHPLACE (CITY OR TOWN) Troy
(STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER: Eliza Monroe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Delila Berry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Springfield Mo.
(STATE OR COUNTRY)

14. INFORMANT: Edward Monroe
(Address) Troy Kansas

15. FILED MAY 17 1927 — John G. Fitz — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16 1927

17. I HEREBY CERTIFY, That I attended deceased from May 16, 1927, to May 16, 1927 that I last saw him alive on May 16, 1927, and that death occurred, on the date stated above, at 11.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr myocarditis
9.30
90B (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Troy Ks
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam
(Signed) H K Wallace, M.D.
5/16, 1927 (Address) 301 N 8 St Joseph 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: Troy Kansas — DATE OF BURIAL: May 16 1927

20. UNDERTAKER: Rock Funeral Home — ADDRESS: 906 Syl.
James Moles

MAY 31

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.