AUG 17 1927

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

Do not use this space.

21702

1. PLACE OF DEATH

County Jasper — Registration District No. 408 — File No.

Township Marion — Primary Registration District No. 5562 — Registered No.

City Carthage (No. ..... St. ..... Ward)

2. FULL NAME Annie E. Monroe

(a) Residence. No. Route 6 St., ... Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 49 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: 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) Apr. 26, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
59	2	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Musician

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Liverpool (STATE OR COUNTRY) Penn

PARENTS

10. NAME OF FATHER C. C. Monroe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newport (STATE OR COUNTRY) Penn.

12. MAIDEN NAME OF MOTHER Margaret Lindsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Liverpool (STATE OR COUNTRY) Penn.

14. INFORMANT Mr. C. C. Monroe (Address) Route 6 - Carthage

15. FILED July 13, 1927 S. B. Clinton REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1927

17. HEREBY CERTIFY, That I attended deceased from July 7, 1927, to July 12, 1927 that I last saw her alive on July 11, 1927, and that death occurred, on the date stated above, at 1:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Syringomyelia

81A

87B (duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY) Unstable Nervous system from Epilepsy of father (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH?

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. J. Webster M. D

July 12, 1927 (Address) Carthage 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: Park Cemetary — DATE OF BURIAL: July 13 1927

20. UNDERTAKER: Knell Mortuary — ADDRESS: Carthage

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.