

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

Do not use this space.

30508

1. PLACE OF DEATH

County Jackson

Registration District No. 300

Township Raw

Primary Registration District No. 300 East 40th St

City Kansas City

File No. _____
 Registered No. 3750
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 300 East 40 St. 7 Ward.

(Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 6 mos. _____ 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) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 - 1879

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 49 8 5

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Lawyer (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) Junction City Kas.

10. NAME OF FATHER Caleb Strong Monroe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Cambridge Port Mass

12. MAIDEN NAME OF MOTHER Katherine Kieseling

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New York City

14. INFORMANT (Address) Frank Monroe 2942 Mercier

15. FILED 9/11, 1928 M. M. Cerone asser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 9 1928 Sunday

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, and that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 11:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Suicide, therefore a poison

CONTRIBUTORY (SECONDARY) 167 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Henry G. Gault M. D. 9/9, 1928 (Address) Deputy Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Washington DATE OF BURIAL 9-11 1928

20. UNDERTAKER Eylar Funeral Home ADDRESS 1800 Linwood

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.

