

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

Do not use this space.

37971

1. PLACE OF DEATH

County Seago Registration District No. 640
 Township Seagraves Primary Registration District No. 2849
 City..... (No.....) St..... Ward.....

File No.....
 Registered No. 19

2. FULL NAME

(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 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) Sep 26 - 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
31 | 1 | 6

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Linn Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER A. G. Monroe

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Linn Mo
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Florence Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Linn Mo
 (STATE OR COUNTRY)

14. INFORMANT William Monroe
 (Address) Linn Mo

15. FILED Mar 2 1929 Mrs. Dora Jett REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19.....

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19....., that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured skull
accidentally hit
by automobile
on highway
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

210 M (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) E. L. Meads M. D.

Mar 2 1929 (Address) Bonnets Mill 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 DATE OF BURIAL

Pointers Creek Cemetery 1929

20. UNDERTAKER ADDRESS

Chas. Henricks Jefferson City

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.

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