

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

Do not use this space.

17589

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 1122 Angelica St.)..... St. Ward)

File No.
Registered No. 4671 ..
St. Ward)

2. FULL NAME

Dennis Monohan
(a) Residence. No. 1122 Angelica St., 26 Ward. (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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9-14-1851

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	78	7	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Steamboat Capt.
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Daniel Monohan

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

12. MAIDEN NAME OF MOTHER Mary A. Colesma

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

14. INFORMANT Mrs Lida Monohan
(Address) 1122 Angelica

15. FILED....., 19.. May 21 1930
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 9 1930

17. I HEREBY CERTIFY, That I attended deceased from April 22nd, 1930, to May 9th, 1930 that I last saw him alive on May 9th, 1930, and that death occurred, on the date stated above, at 11 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Astero Sclerosis
97 (duration) Part know yrs. mos. ds.

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

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

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS (Signed) Wm T. Steyer, M. D.

May 10 1930 (Address) 819 Angelica

*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 Calvary Cemetery DATE OF BURIAL 5/17 1930

20. UNDERTAKER H. A. Stock and Co ADDRESS 2117 E. Grand

X. 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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A. N. Keger

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