

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

Do not use this space.

19857

1. PLACE OF DEATH
 County Johnson, Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3023
 City Warrensburg, (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Rudolph D Monier
 (a) Residence No. 310 Jefferson St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 16 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep. 5. 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 9 14

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

9. BIRTHPLACE (CITY OR TOWN) Covington, Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER Ephraim Monier
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 12. MAIDEN NAME OF MOTHER Anna Nill
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT F. B. Monier
 (Address) Leeton, Mo

15. June 20, 1930 Wm R Patterson
 FILED _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June. 19. 1930

17. I HEREBY CERTIFY, That I attended deceased from June 16, 1930, to June 19, 1930, that I last saw h. Mr. alive on June 18, 1930, and that death occurred, on the date stated above, at 12-30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Hemorrhagic Puerperitis

CONTRIBUTORY (SECONDARY) Acute Hemorrhagic Puerperitis

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) L. Schiefel M. D.

Jun 20, 1930 (Address) Warrensburg, 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 _____

Leeton, Mo. June, 21, 1930

20. UNDERTAKER _____ ADDRESS _____

L. P. Swinney Warrensburg

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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