MARGIN RESERVED FOR BINDING

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.

JUN 29 1931

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

Do not use this space.

19230

1. PLACE OF DEATH

96 County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 8248 B — Registered No. 170

City Jefferson Barracks, Mo. (No. U.S. Veterans Hospital Jefferson Barracks, Mo. Ward)

2. FULL NAME Martin Monson.

(a) Residence, No. 865 Clark Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode) Webster Groves, Mo.

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U. S., if of foreign birth? 48 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 Mrs. Amy Monson.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 13, 1880

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	1	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Woodworker. 95

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kirkwood Planing Mill.

10. Date deceased last worked at this occupation (month and year) Abt. 1910.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Sweden. 24

FATHER

13. NAME John Monson.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gothenburg, Sweden.

MOTHER

15. MAIDEN NAME Unavailable.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable. Sweden.

17. INFORMANT (ADDRESS) C. H. Smith. Clinical Director. U.S. Veterans Hospital, Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 3 1931

19. UNDERTAKER (ADDRESS) Parker Und Co Webster Groves

20. FILED 5-2 1931 L. C. Obrock M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1931. 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1930. 19, to May 1, 1931. 19

I last saw him alive on May 1, 1931 19 Death is said to have occurred on the date stated above, at 8:10 AM

The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary, Chronic Far Advanced, active.

23B 23

Date of onset

Other contributory causes of importance:

Name of operation Physical X-Ray & Laboratory findings. Date of

What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. C. Gibson, Medical Officer In Chg.

(Address) U.S. Veterans Hospital, Jefferson B Barracks, Mo.