

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

Do not use this space.

38206

**1. PLACE OF DEATH**

County Linn  
Township \_\_\_\_\_  
City Brookfield

Registration District No. 496  
Primary Registration District No. 3025  
(No. 313, East, Clark St)

File No. \_\_\_\_\_  
Registered No. 76  
St. 3 Ward \_\_\_\_\_

**2. FULL NAME**

Lucinda Caroline Monk

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Shawnee, Okla.

(Usual place of abode)  
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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of J. Monk.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2nd. 1851

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>80</u>	<u>9</u>	<u>12</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At home</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Keokuk Iowa  
(STATE OR COUNTRY)

13. NAME Tapley Mathyews

14. BIRTHPLACE (CITY OR TOWN) not known  
(STATE OR COUNTRY) W. Va.

15. MAIDEN NAME Lucy Vaughn

16. BIRTHPLACE (CITY OR TOWN) do not know  
(STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Ollie Henderson  
(ADDRESS) Shawnee, Oklahoma

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Brookfield DATE 11-16 1931

19. UNDERTAKER W. J. ...  
(ADDRESS) ...

20. FILED 11-16 1931 W. J. ...  
Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 14th 31 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-10 1931, to 11-14 1931  
I last saw h<sup>e</sup> alive on 11-13 1931. Death is said to have occurred on the date stated above, at 7.9 a.m.

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

Labor Pneumonia Date of onset 11-10 1931  
108  
162 108  
Other contributory causes of importance: age.

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) W. J. ... M. D.  
(Address) Brookfield Mo

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.

29 1931

