

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

Do not use this space.

9368

1. PLACE OF DEATH

71 County Morgan
Township Lawcreek
City Lawcreek (No. _____)

Registration District No. 919
Primary Registration District No. 5793 a

File No. _____
Registered No. 127
St. _____ Ward _____

2. FULL NAME

Rosa Byrel Monroe

(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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J.P. Monroe</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 9 - 1898</u>		
7. AGE	YEARS <u>33</u>	MONTHS <u>6</u>
	DAYS <u>15</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mattson, Iowa</u>		
FATHER	13. NAME <u>R. F. Harton</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> 3'	
MOTHER	15. MAIDEN NAME <u>Emma Jane Stevens</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Iowa</u> ?	
17. INFORMANT <u>J.P. Monroe</u> (ADDRESS) <u>Cole Camp Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sharon Cemetery</u> DATE <u>March 25, 1932</u>		
19. UNDERTAKER <u>C.R. Rapp & Son</u> (ADDRESS) <u>Stobly, Mo.</u>		
20. FILED <u>April 11, 1932</u> <u>Wm. Rippberger</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 5, 1931, to Mar 24, 1932
I last saw her alive on Mar 24, 1932. Death is said to have occurred on the date stated above, at 1:45 P.M.
The principal cause of death and related causes of importance were as follows:
Cancer of Liver
46E
46E
Other contributory causes of importance: none.

Name of operation none Date of _____
What test confirmed diagnosis? Autopsy 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? no
If so, specify _____
(Signed) S. H. Newton, M. D.
(Address) Merrells 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.

APR 28 1932

