

SEP 26 1932

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

Do not use this space.

27971

1. PLACE OF DEATH
87 County Ball Registration District No. 225
Township Orleans Primary Registration District No. 5-95-6
City Monroe (No. S. Street Street St. Ward)

2. FULL NAME Monroe S. Street
(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/18/1880
7. AGE YEARS 51 MONTHS 10 DAYS 28 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) (STATE OR COUNTRY) Indianapolis
13. NAME George Hurston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis
15. MAIDEN NAME Rebecca Clark
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indianapolis
17. INFORMANT (ADDRESS) U. V. Fanning
18. BURIAL, CREMATION, OR REMOVAL Interment
PLACE Greenlawn DATE Aug 18, 1932
19. UNDERTAKER (ADDRESS) Geo. B. Smith
20. FILED Aug 17, 1932 J. T. Howard Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1932
22. I HEREBY CERTIFY, That I attended deceased from 1932 to 1932.
I was her personal med. attendant, she had no sign of life at time of death. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Sudden heart attack (Possibly angina.)
Death was immediate.
Other contributory causes of importance: 956
Name of operation — Date of —
What test confirmed diagnosis? — Was there an autopsy? —
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) R. B. Smith, M. D.
(Address) Perry, Mo.

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