

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

Do not use this space.

34473

1. PLACE OF DEATH
 103 County Stoddard Registration District No. 837
 Township Caster Primary Registration District No. 6099
 City Bloomfield (No. _____) _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME Thomas Jefferson 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>M</u>	4. COLOR OR RACE <u>W</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>Mrs. Willie Monroe</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-27-1873</u>				
7. AGE	YEARS <u>59</u>	MONTHS <u>1</u>	DAYS <u>5</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>Farmer</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) (STATE OR COUNTRY) <u>Kentucky</u> ²				
FATHER	13. NAME <u>Chas. D. Monroe</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>				
MOTHER	15. MAIDEN NAME <u>Larina Widgner</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>Mrs. T. J. Monroe</u> (ADDRESS) <u>Bloomfield Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walker Cem.</u> DATE <u>10-3-1932</u>				
19. UNDERTAKER <u>J. A. Childs & Co.</u> (ADDRESS) <u>Bloomfield, Mo.</u>				
20. FILED <u>Oct 10</u> 19 <u>32</u> <u>Edna Ford</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-2-1932

22. I HEREBY CERTIFY, That I attended deceased from 9-2, 1932, to 9-26, 1932
 I last saw him alive on 9-26, 1932 Death is said to have occurred on the date stated above, at 5.9 m.
 The principal cause of death and related causes of importance were as follows:
Curvature of
Residuum
46 B 46 B
 Other contributory causes of importance: (1)

Name of operation none Date of _____
 What test confirmed diagnosis? Chemical 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 _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. S. Harris, M. D.
 (Address) Wright

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.

OCT 30 1932

