

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

Do not use this space.

17298

**1. PLACE OF DEATH**

County Wapanzau  
Township Wapanzau  
City Hopkins No. \_\_\_\_\_

Registration District No. 624  
Primary Registration District No. 4375

File No. \_\_\_\_\_  
Registered No. 8  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alexander O. Monroe  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**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 Elizabeth Begkman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/30/46

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
8 5 7 21

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

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) Javannah Mo.

13. NAME Samuel Monroe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Javannah Mo.

15. MAIDEN NAME Cynthia M. Cord

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) Elizabeth Monroe

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins County DATE May 24, 1933

19. UNDERTAKER (ADDRESS) Proctor Funeral Home  
Massville Mo.

20. FILED 5/24 1933 O. H. Day Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21, 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_. I last saw him alive on May 20, 1933. Death is said to have occurred on the date stated above, at about 5 P.M.

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

apoplexy. Date of onset 5-21-33

Other contributory causes of importance: 824 824

Name of operation \_\_\_\_\_ 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? No. If so, specify \_\_\_\_\_

(Signed) R. B. Bridgeman, M. D.  
(Address) Hopkins Mo.

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 23 1933

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Madison

Registration District No. 629

Township Wapakoneta

Primary Registration District No. 4375

City Wapakoneta (No. ....)

File No. ....

Registered No. 8

St. .... Ward

**2. FULL NAME**

Alexander L. Munn

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1933

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF .....

22. I HEREBY CERTIFY, That I attended deceased from .....

to ....., 19.....

I last saw him alive on ....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-30-46

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>86</u>	<u>7</u>	<u>21</u>	

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

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 .....

Other contributory causes of importance: .....

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

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

13. NAME .....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

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. ....

15. MAIDEN NAME .....

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

Manner of injury .....

Nature of injury .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL .....

PLACE ..... DATE .....

19. UNDERTAKER (ADDRESS) .....

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

If so, specify .....

(Signed) ....., M. D.

20. FILED ..... 19..... O. H. Hayler Registrar

(Address) .....

**SUPPLEMENTARY**

CITY. PHYSICIANS should state OCCUPATION is very important. COMPLETE AS PRESCRIBED BY LAW.

5-17298