

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

Do not use this space.

25429

1. PLACE OF DEATH

County Vernon
Township Center
City Nevada (No. _____)

Registration District No. 875
Primary Registration District No. 3039

File No. _____
Registered No. 164 St. _____ Ward _____

2. FULL NAME

Theodore Monow

(a) Residence, No. 321 N Walnut St., 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 24 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 Mo 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 11 06

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Forne and Barker

10. Date deceased last worked at this occupation (month and year) Jan 1888 11. Total time (years) spent in this occupation 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Twenty Mile Cross, Iowa

13. NAME James Monow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Kuse, Ohio

15. MAIDEN NAME Narah Foster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Kuse, Ohio

17. INFORMANT (ADDRESS) Miss Kitty Samson, Somersville, N.J.

18. BURIAL, CREMATION, OR REMOVAL Newton Cem DATE July 25, 1933

19. UNDERTAKER (ADDRESS) Temple Funeral Home, Nevada, Mo.

20. FILED 8-3 19 33 E. R. King Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 22, 1933

22. I HEREBY CERTIFY That I attended deceased from Feb 15, 1931 to July 22, 1933, 1933. I last saw him alive on July 22, 1933. Death is said to have occurred on the date stated above, at 9:00 a.m.

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

Uremic Poisoning
139
130 E
131

Other contributory causes of importance:

Rosati Hypertrophy

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 _____, 1933

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) J. M. King & R. B. Wing, M. D.

(Address) Nevada, 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.

1933 2 0 1033

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11
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RECORD

