

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

Do not use this space.

37356

**1. PLACE OF DEATH**

County Nodaway  
Township Folk  
City Maryville

Registration District No. 625  
Primary Registration District No. 3031  
(No. St. Francis Hosp.)

File No. \_\_\_\_\_  
Registered No. 120  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alonso M. Monk

(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 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 Edith Monk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs. or .....min.
	<u>55</u>	<u>11</u>	<u>18</u>	

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

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

10. Date deceased last worked at this occupation (month and year) Oct. 29, 1933 11. Total time (years) spent in this occupation 12

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

13. NAME Albert Monk

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

15. MAIDEN NAME Panina Sanders

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

17. INFORMANT Mrs Edith Monk  
(ADDRESS) Burlington Jct, Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Burlington Jct, Mo DATE Nov 16, 1933

19. UNDERTAKER J.R. Hann  
(ADDRESS) Burlington Jct, Mo

20. FILED 11-16 19 33 Mamie E. Clardy  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1933, to Nov 14, 1933

I last saw him alive on Nov 13, 1933. Death is said to have occurred on the date stated above, at 8:20 A.M.

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

Carcinoma of Stomach

Date of onset Sept. 1933

Other contributory causes of importance: Pericarditis Arteriosclerotic

Aug. 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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 \_\_\_\_\_

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) J. A. Bloomer, M. D.

(Address) Maryville 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.

1934

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