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 19 1934

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

Do not use this space.

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 13186
Township — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. 531 Myrtle St. Ward)

2. FULL NAME Joseph Warren Monroe
(a) Residence, No. 531 Myrtle St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 8 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8/9/1863

7. AGE — YEARS: 70 — MONTHS: 9 8 — DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. coal dealer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. office
10. Date deceased last worked at this occupation (month and year) 4/34
11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Ill.

FATHER
13. NAME Alanson Monroe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Mary Wortman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT (ADDRESS) C.A. Monroe 531 Myrtle

18. BURIAL, CREMATION, OR REMOVAL
PLACE High. Park KCK DATE 5/1 1934

19. UNDERTAKER (ADDRESS) Geo.H. Long Mortuary K C K

20. FILED 5-1 1934 [signature] Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28 1934

22. I HEREBY CERTIFY, That I attended deceased from April 28 1934, to April 28 1934
I last saw him alive on April 28 1934. Death is said to have occurred on the date stated above, at 10:05p
The principal cause of death and related causes of importance were as follows:
Uremia
Date of onset
Other contributory causes of importance:
Chronic Nephritis
Chronic Cystitis
Name of operation None Date of —
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) [signature], M. D.
(Address) 634 Lee Bldg.

Dr Van Stavern Lin 2828
3411 [illegible]