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 17 1934

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

Do not use this space.

32863

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Fair — Primary Registration District No. 1002 — Registered No. 4200
City Kansas City (No. 2209 E 19th St. Ward)

2. FULL NAME Elmer Monroe
(a) Residence, No. 2209 E 19th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25 1893
7. AGE: Years 40 — Months 8 — Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed.
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) Clay County Mo.

FATHER
13. NAME Joe Monroe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo.

MOTHER
15. MAIDEN NAME Alice Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Laura Monroe 2209 E 19th
18. BURIAL, CREMATION, OR REMOVAL PLACE Leavenworth Ks DATE 9-14-1934
19. UNDERTAKER (ADDRESS) Watkins Bros 1729 Lydia
20. FILED 9-13-1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11, 1934.
22. I HEREBY CERTIFY, That I attended deceased from 9-7-1934, to 7-11-1934
I last saw him alive on 9-11-1934. Death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia — Date of onset
108
108
106E
108

Other contributory causes of importance: Subacute Bronchitis

Name of operation no Date of
What test confirmed diagnosis? no Was there an autopsy?

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) T. J. Haugh, M. D.
(Address) 2200 E-18

Dr Haugh