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.

DEC 20 1934

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

Do not use this space.

File No. 40414

Registered No. 229

1. PLACE OF DEATH
County: Randolph — Registration District No. 735
Township: — Primary Registration District No. 3034
City: Moberly (No. 805 Bond St. Ward)

2. FULL NAME: Lou Ella Monce

(a) Residence, No. 805 Bond 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: Female
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: Jesse M Monce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 31st 1870

7. AGE: Years 64 | Months 10 | Days 14 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at home
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): Mo.

FATHER
13. NAME: Samuel Croft
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

MOTHER
15. MAIDEN NAME: Nancy Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Va

17. INFORMANT (ADDRESS): Jesse M Monce, Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Moberly Mo. DATE: Nov 17th, 1934

19. UNDERTAKER (ADDRESS): Mahan and Son, Moberly Mo

20. FILED: 11/17, 1934 Virginia Walker, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 15th, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1934 to Nov. 15, 1934
I last saw h. alive on Nov. 14th, 1934. Death is said to have occurred on the date stated above, at 4:00 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, Acute	3 wks.
Other contributory causes of importance:	
Articular Rheumatism	6 mth.

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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? no
If so, specify.
(Signed) R. J. Mitchell, M. D.
(Address) Moberly Mo.