

JUN 20 1935

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

Do not use this space.

16062

1. PLACE OF DEATH

County New Mine
Township Salem
City Smith

Registration District No. 290
Primary Registration District No. 4174

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME

Carle Monroe

(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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 17, 1934</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>5</u>	<u>11</u>	<u>11</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ <u>X</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____ <u>X</u>			
	10. Date deceased last worked at this occupation (month and year) _____ <u>X</u>			
11. Total time (years) spent in this occupation _____				
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smith mo</u>				
MOTHER	13. NAME <u>Floyd P Monroe</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Piggott Ark</u>			
	15. MAIDEN NAME <u>Carle Bohanan</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Smith mo</u>			
17. INFORMANT (ADDRESS) <u>Floyd P Monroe Smith mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith mo</u> DATE <u>5/29 35</u>				
19. UNDERTAKER (ADDRESS) <u>M. D. Spencer Smith mo</u>				
20. FILED <u>6-1</u> 19 <u>35</u> <u>H. D. Spencer</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 23, 1935, to May 28, 1935.
I last saw him alive on May 27, 1935. Death is said to have occurred on the date stated above, at 10:30 p.m.
The principal cause of death and related causes of importance were as follows:
Ilio colitis

Date of onset May 16, 35

Other contributory causes of importance:
WMD

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 _____, 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? _____
Specify Yes
(Signed) Roy G. Spauld, M. D.
(Address) Smith 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.

1935-5-28
12-17
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