

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.

JUL 19 1935

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

Do not use this space.

24452

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo** (No. **City Hospital #** _____) St. _____ Ward _____

File No. _____
Registered No. **5827**

2. FULL NAME

Monroe Stanley Nolan (MONROE HAVEN NOLAN)
(a) Residence, No. **#2201 1/2 Chestnut** St. **442** Ward **11**
(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 Cauc	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margie Rynne Nolan		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 16 1891		
7. AGE	YEARS	MONTHS
26	44	2
		DAYS
		17
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.		
13. NAME Newton Nolan		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
15. MAIDEN NAME Annie Shultz		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Madrid Missouri		
17. INFORMANT (ADDRESS) Cula Coleman		
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Park July 9th 1935		
19. UNDERTAKER (ADDRESS) J. P. W. Breck		
20. FILED JUL - 8 1935 19 J. P. Breck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 8, 1935**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at **5:30** p.m.

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

Sepsis (Compound infected Fracture of Right Femur following gunshot wound of Right Leg)

Other contributory causes of importance: **Homicide**

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Homicide** Date of injury **July 1, 1935**
Where did injury occur? **St. Louis Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **In Home**

Manner of injury **Shot by person**
Nature of injury **Compound Fracture Femur**

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **John J. Sweeney, M.D.**
(Address) **1221 1/2 Lafayette Ave**
July 6, 1935

