

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.

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

Do not use this space.

31720

NOV 18 1935

1. PLACE OF DEATH  
County Adair Registration District No. 4  
Township 1 Primary Registration District No. 3001  
City Kirkville (No. 1 St. 1 Ward)

2. FULL NAME Ida Elizabeth Monarch  
(a) Residence, No. 415 South Main Kirkville St. 1 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<br><u>F</u>                                                                                                      | 4. COLOR OR RACE<br><u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Charles Monarch</u>                                     |                               |                                                                             |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-3-1864</u>                                                                |                               |                                                                             |
| 7. AGE<br>YEARS<br><u>70</u>                                                                                            | MONTHS<br><u>11</u>           | DAYS<br><u>6</u><br>If LESS than 1 day, ..... hrs. or ..... min.            |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>                 |                               |                                                                             |
| 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) <u>Missouri</u>                                                        |                               |                                                                             |
| 13. NAME <u>Beverly E. Pozart</u>                                                                                       |                               |                                                                             |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>                                                        |                               |                                                                             |
| 15. MAIDEN NAME <u>Francis M. Jackson</u>                                                                               |                               |                                                                             |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>                                                        |                               |                                                                             |
| 17. INFORMANT <u>Mrs. Edna Waddell</u><br>(ADDRESS) <u>Kirkville, Mo</u>                                                |                               |                                                                             |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Beverly's lot</u> DATE <u>11-11-1935</u>                                  |                               |                                                                             |
| 19. UNDERTAKER <u>Dee Riley</u><br>(ADDRESS) <u>Kirkville, Mo</u>                                                       |                               |                                                                             |
| 20. FILED <u>Oct 30, 1935</u> <u>Spencer Freeman</u><br>Registrar.                                                      |                               |                                                                             |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1935

22. I HEREBY CERTIFY, That I attended deceased from about Jan, 1935 to Oct 9, 1935.  
I last saw her alive on Oct 9, 1935. Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy  
(Hemorrhage)  
Date of onset Oct 3, 35

Other contributory causes of importance:  
Arterio Sclerosis

Name of operation none Date of none  
What test confirmed diagnosis? none Was there an autopsy? none

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none, 1935.  
Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? none  
If so, specify none  
(Signed) John F. Dodson, M. D.  
(Address) Kirkville Mo

