

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

Do not use this space.

FEB 13 1936

7124

1. PLACE OF DEATH

County Pettis
Township
City Sedalia

Registration District No. 185
Primary Registration District No. 3234
(No. ~~###~~ Bothwell Hospital)

File No. 34
Registered No. 668
St. _____ Ward _____

2. FULL NAME Willie Riley Monk

(a) Residence, No. Rfd # 1 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 Male	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 Ruth Monk		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 23 1896		
7. AGE YEARS 39	MONTHS 5	DAYS 9
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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.

13. NAME W. S. Monk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Sarah Riley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. Ruth Monk
(ADDRESS) Sedalia Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crown Hill DATE Feb. 4 1936

19. UNDERTAKER Gillespie Funeral Home
(ADDRESS) Sedalia Mo.

20. FILED Feb 9 1936

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3rd/36 1936

22. I HEREBY CERTIFY, That I attended deceased from

Feb 1 1936 to Feb 2 1936

I last saw him alive on Feb - 2 1936 Death is said

to have occurred on the date stated above, at 9:15 P.m.

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

Coma Date of onset 2 3/4

Other contributory causes of importance:

Adrenal insufficiency 3 yrs
(Addressed)

Name of operation _____ Date of _____

What test confirmed diagnosis? Adipic Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1936

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) W. H. G. [Signature] M. D.

(Address) [Address]

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.

