

APR 13 1936

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

9605

## 1. PLACE OF DEATH

County CapeRegistration District No. 135Township Cape Girardeau MoPrimary Registration District No. 3009City Cape Girardeau Mo (No. S. E. Mo)

File No.

Registered No. 99

St.

Ward

## 2. FULL NAME

James Randolph Monan

(a) Residence, No.

St.

Ward.

Portageville, Missouri

(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 OFMrs Bertha Monan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 6, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.7319

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Retired -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  
occupation12. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Caring Rock, Ill.

FATHER

13. NAME

James R. Monan Sr.14. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown -

MOTHER

15. MAIDEN NAME

Unknown16. BIRTHPLACE (CITY OR TOWN)  
(STATE OR COUNTRY)Unknown -17. INFORMANT  
(ADDRESS)Mrs Willard Collins  
Cape Girardeau, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Caruthersville, Mo. DATE March 15, 193619. UNDERTAKER  
(ADDRESS)Lewis W. Forge - Caruthersville, Mo -

20. FILED

3-26-36 J. M. Thompson  
Registrar

## MEDICAL CERTIFICATE OF DEATH

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

March 15, 193622. I HEREBY CERTIFY, That I attended deceased from  
Feb 22, 1936, to March 15, 1936I last saw him alive on March 15, 1936. Death is saidto have occurred on the date stated above, at 5 P. M.

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

Myocardial Degeneration

Date of onset

Other contributory causes of importance

Hypostatic Pneumonia

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? no

If so, specify

(Signed)

Carl A. Zimmerman

M. D.

(Address)

Cape Girardeau

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.

