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.

OCT 21 1936

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

Do not use this space.

35214

1. PLACE OF DEATH

County Pettis — Registration District No. 668 — File No. 290 289

Township — Primary Registration District No. 3932 — Registered No. 668

City Sedalia (No. Bothwell Hosp. St. Ward)

2. FULL NAME Martin Dick Henry Monsees

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE Lydia Schroeder

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13th, 1890

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	46	7	11	

OCCUPATION

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

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) Morgan Co. Mo.

FATHER

13. NAME Martin Monsees

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

MOTHER

15. MAIDEN NAME Metha Gehrken

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

17. INFORMANT Mrs. Louis Gehrs
(ADDRESS) Stover, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Florence Cem. DATE Sept. 27, 1936

19. UNDERTAKER C. R. Rapp & Son
(ADDRESS) Stover Mo.

20. FILED 9-25-1936 Jean Slack
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 3, 1936, to Sept 23 1936, 1936

I last saw him alive on Sept 23 1936, 1936 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:

Acute Pancreatitis, Nephritis and Typhoid fever

Date of onset

Other contributory causes of importance: none

Name of operation None Date of

What test confirmed diagnosis? Laboratory Was there an autopsy? No

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) Lloyd Bohling M. D.

(Address) Sedalia Mo.

[illegible]

[illegible]

[illegible]