

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

Do not use this space.

JUN 12 1937

791  
1008

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St. Louis, Mo. (No. Barnes Hospital) St. .... Ward (No. 4800)

File No. 18224  
Registered No. 4800

2. FULL NAME

James R. Monahan  
(a) Residence, No. Eau Claire Wis. St. NR Ward. Eau Claire, Wisc.  
(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 Mattie Monahan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
35 56 0 4

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Peters Shoe Co  
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) Streator Illinois

13. NAME Unknown

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

15. MAIDEN NAME Kathern Marek

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

17. INFORMANT Mrs Mattie Monahan  
(ADDRESS) 1423 Wilson Eau Claire Wis

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Eau Claire Wis. DATE May 8 1937

19. UNDERTAKER A. K. Loftho  
(ADDRESS) 2707 N Grand Bly

20. FILE MAY 11 1937 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5 - 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 5 - 7 1937 to 5 - 7 1937

I last saw him alive on 5 - 7 1937 Death is said to have occurred on the date stated above, at 8:30 p. m.

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

Coronary Thrombosis Date of onset 5/7/37

Other contributory causes of importance:

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? ..... 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? .....

If so, specify Yes Settled

(Signed) Lea S. G. ... M. D.

(Address) Barnes Hospital

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.

