

REC'D JUN 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH17223
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 399
 (b) Township Staw Primary Registration District No. 1002
 (c) City St. C. (d) Street No. 1420 Colorado Registered No. 1920
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Andrew Johnson Monroe 560
 (a) Residence, No. 1420 Colorado St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Grace Lee Monroe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 13 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 4 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
 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) Missouri

13. NAME Joseph Monroe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Nancy Parks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Albert Monroe
1420 Colorado

18. BURIAL, CREMATION, OR REMOVAL PLACE Warsaw, Mo. DATE May 8 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. P. Dostler
1415 East 15

20. FILED May 8 1938 M. M. Crow
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8 1938

22. I HEREBY CERTIFY, That I attended deceased from Jun 15, 1938, to May 8, 1938
 I last saw him alive on May 7, 1938. Death is said to have occurred on the date stated above, at 5:40 m.
 The principal cause of death and related causes of importance were as follows:

Broncho-Pneumonia
8201

Date of onset
5-6-38

Other contributory causes of importance:
Cerebral Hemorrhage
Arterio-sclerosis 12-14-37

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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) M. R. Foster, M. D.
 (Address) 1529 Foster Av.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.