

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

REC'D OCT 10 1939

1. PLACE OF DEATH

County Christian
Township Lindsey
City 526 (No. _____)

Registration District No. 185-
Primary Registration District No. 7259

File No. 32157
Registered No. _____
St. _____ Ward _____

2. FULL NAME

John W. Monger
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1862
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
77 - 3 13

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) Missouri
13. NAME William Monger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn
15. MAIDEN NAME Matilda Waller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jenn

17. INFORMANT (ADDRESS) Joe. B. Monger Ozark, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Monger DATE 8-23 39

19. UNDERTAKER (ADDRESS) Rathbun & Shabbin Sparta, Mo.

20. FILED 10-2 1939 Josephine Merritt Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug 19 1939 to Aug 19 1939
I last saw him alive on Aug 19 1939. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Myocardial Deletosis Date of onset _____
Chronic Myocarditis
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Phy. Exam 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) D. Stephen H. Nelson, M.D.
(Address) Sparta, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 1039-1907

Date Filed OCT. 2 1939