

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.

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

Do not use this space.

14959

1. PLACE OF DEATH

County *Miller*

Registration District No. *561*

Township *Saline*

Primary Registration District No. *4330*

City *Eldon*

(No. _____)

St. _____

Ward _____

2. FULL NAME

A K Monroe

(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

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

Annie L Monroe

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

DEC 21, 1867

7. AGE

YEARS

MONTHS

DAYS

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

63

3

29

OCCUPATION

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

Lawyer

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)

Pointers Creek, Missouri

FATHER

13. NAME

Alex Monroe

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

Knoxville, Tenn

MOTHER

15. MAIDEN NAME

Martha Miller

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

Pointers Creek, Mo

17. INFORMANT (ADDRESS)

Steele Monroe Eldon, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Eldon, Mo

DATE

7-22

1931

19. UNDERTAKER (ADDRESS)

W A Phillips Eldon, Mo

20. FILED

7-22

1931

Belle Haynes

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 20, 1931*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 24th*, 1931, to *April 20*, 1931

I last saw him alive on *April 20*, 1931. Death is said

to have occurred on the date stated above, at *7:18* a.m.

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

Cerebral Hemorrhage

Date of onset

Other contributory causes of importance:

arteria sclerosis

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?

If so, specify

(Signed)

A R Bynstrum

(Address)

Eldon, Mo

