

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

Do not use this space.

23562-A

1. PLACE OF DEATH

County Nodaway
Township Nodaway
City Burlington Jct. (No.,,)

Registration District No. 618
Primary Registration District No. 4369

File No.
Registered No.
St. Ward)

2. FULL NAME Panina Monk

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 26 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

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr Albert Monk
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 25

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

13. NAME John Sanders

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

15. MAIDEN NAME Rittann Salsor

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

17. INFORMANT Mrs Rose Noakes
(ADDRESS) Skidmore, MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE Burlington Jct Mo DATE July 3, 1932

19. UNDERTAKER John
(ADDRESS) Burlington Jct Mo

20. FILED July 3, 1932 Edna Salsor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan 1st, 1932, to July 1st, 1932.
I last saw him alive on July 1st, 1932. Death is said to have occurred on the date stated above, at 7th m.
The principal cause of death and related causes of importance were as follows:-

70 years of age of the heart with hypertension
95B
1513
Other contributory causes of importance:
1

Name of operation None Date of None
What test confirmed diagnosis? Phys. Diag. 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?
If so, specify.
(Signed) M. T. O'Neil, M. D.
(Address) Burlington Jct. Mo

N. B.—Every item of information should be carefully supplied. If a physician is the informant, a statement of occupation is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of occupation is very important.

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JAN 28 1933

