

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

Do not use this space.

23562-A

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23562-1

1. PLACE OF DEATH
County Nodaway
Township Nodaway
City Burlington Jct. (No.)

Registration District No. 68
Primary Registration District No. 4369

File No. 23562-A
Registered No. St. Ward

2. FULL NAME Panina Monk
(a) Residence, No. _____
(Usual place of abode)
Length of residence in city or town where death occurred 26 yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds.

3. PERSONAL AND STATISTICAL PARTICULARS

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

SA. 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) Vincennes
(STATE OR COUNTRY) Indiana

13. NAME John Sanders

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

15. MAIDEN NAME Rittann Selvor

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

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

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

19. UNDERTAKER (ADDRESS) Burlington Jct Mo

20. FILED July 3, 1932
Registrar

1 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1932, to July 1, 1932. Last saw her alive on July 1, 1932. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows: Hypertrophy of the heart with pleuritis Date of onset

953 953

Other contributory causes of importance

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 _____ 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. D.
(Address) _____ Burlington Jct Mo

