

DEC 24 1938

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

Do not use this space.

25064

1. PLACE OF DEATH

County Clay

Township Fishing River

City Excelsior Springs, Mo. (No. Veterans Administration Facility)

Registration District No. 195

Primary Registration District No. 3011

File No. \_\_\_\_\_

Registered No. 100

St. 3d Ward) \_\_\_\_\_

2. FULL NAME MONROE, Alonzo William

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

Liberty, Missouri

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 23 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF

(OR WIFE OF) Amie Monroe

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

July 14, 1890

7. AGE

YEARS

48

MONTHS

0

DAYS

6

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

10. Date deceased last worked at this occupation (month and year)

Unknown

11. Total time (years) spent in this occupation

Unknown

12. BIRTHPLACE (CITY OR TOWN) Liberty, Mo. (STATE OR COUNTRY)

13. NAME Gable Monroe

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

15. MAIDEN NAME Annie Weathers

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

17. INFORMANT Hospital Records (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty, Mo. DATE 7-21-38

19. UNDERTAKER JOHN C. PRATHER (ADDRESS)

Excelsior Springs, Mo.

20. FILED

July 22, 1938

Horace McBratney Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 27, 1938, 19\_\_\_\_ to July 20, 1938, 19\_\_\_\_

I last saw him alive on July 20, 1938, 19\_\_\_\_ Death is said

to have occurred on the date stated above, at 8:15 p.m.

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

Cardiovascular disease with hypertension

Date of onset

?

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) E. K. Louth, M.D. Clinical Director

(Address) Veterans Administration Facility

Excelsior Springs, Missouri

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.

DEC 5 1950