

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

Do not use this space.

5085

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township St. Louis Primary Registration District No. 1002 Registered No. 742  
 City Kansas City, Mo. St. Joseph's Hosp. St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel L. Monsetler  
 (a) Residence. No. 3935 Troost St. 13 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 1 yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** m **4. COLOR OR RACE** wh **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Klauda O. Monsetler  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Nov 22, 1898  
**7. AGE** YEARS 51 MONTHS 2 DAYS 24 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Dep. Com. of Licenses  
 (b) General nature of industry, business, or establishment in which employed (or employer) Jefferson City, Mo  
 (c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**10. NAME OF FATHER** Saml. Monsetler

**11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)** Peoria

**12. MAIDEN NAME OF MOTHER** Rutha Edwards

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**14. INFORMANT** Mrs. Klauda O. Monsetler  
 (Address) 3935 Troost

**15. FILED** 7/17, 1930 M. M. Grove REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Feb 16 1930  
**17. I HEREBY CERTIFY, That I attended deceased from** Dec 26 1929 to Feb 16 1930,  
 that I last saw him... alive on Feb 16 1930, and that death occurred, on the date stated above, at 2:45 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Cancer of Liver  
4 1/2  
4 1/2  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**CONTRIBUTORY (SECONDARY)** Cancer of Rectum  
 (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED** \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

**19. DID AN OPERATION PRECEDE DEATH?** no DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** no

**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_  
 (Signed) E. O. O'Connell M. D.  
7/17 1930 (Address) 920 Chester Hill

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Cowgill, Mo. **DATE OF BURIAL** Feb 18, 1930

**20. UNDERTAKER** St. Newcomer's Sons K C Mo **ADDRESS** \_\_\_\_\_

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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 1

920 Chambers St

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