

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

Do not use this space.

26946

399

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 1920 Hoodland Ave)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. 26946
St. _____ Ward) _____

2. FULL NAME

Commodore Monroe
(a) Residence. No. 1920 Hoodland Ave, 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 m. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 2nd 1859

7. AGE YEARS 71 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Spurk driver
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Clay Co Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Walter Monroe

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

12. MAIDEN NAME OF MOTHER Lytha Cook

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

14. INFORMANT Hagar Monroe
(Address) 1920 Hoodland

15. FILED 8/29/30 M. M. Crowe REGISTRAR
Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug - 12, 1930, to Aug 27, 1930 that I last saw him alive on Aug - 26, 1930 and that death occurred, on the date stated above, at 5:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Thrombosis
9:00 (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) Semi Paralysis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Place of death
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R. C. Hayden M.D.
928, 1930 (Address) 1738 Troost

*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 Highland DATE OF BURIAL Aug 29 1930

20. UNDERTAKER Hattkins Bros ADDRESS 1709 Lydia

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.

WHILE FILING WITH CHARGING INSTRUMENT THIS IS A PERMANENT RECORD

R. C. Hayden.