

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.

MAR 24 1931

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

Do not use this space.

5053

1. PLACE OF DEATH

County Dent  
Township Spring Creek  
City                      (No.                     )

Registration District No. 266  
Primary Registration District No. 5-370

File No.                       
Registered No. 9  
St.                      Ward                     

2. FULL NAME Clara Floyd Monegan

(a) Residence. No.                      St.                      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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 00 24

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

9. BIRTHPLACE (CITY OR TOWN) Warriersonville Ill.  
(STATE OR COUNTRY) Ill. 2

10. NAME OF FATHER Thomas Vance Monegan  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland  
(STATE OR COUNTRY)                       
12. MAIDEN NAME OF MOTHER Clara Ann Estabrook  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Rush Hill Wis  
(STATE OR COUNTRY)                     

14. INFORMANT Mrs McMurtry  
(Address) Salem Mo.

15. FILED 2/19 31 W. E. Rudolph, Jr., M.D.  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1931 to Feb 10 1931 that I last saw h. alive on Feb 10 1931 and that death occurred, on the date stated above, at                      m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Septicemia - secondary  
to Cerebral Hemorrhage  
(duration) yrs. mos. ds. 25

CONTRIBUTORY (SECONDARY) Pneumonia  
(duration) yrs. mos. ds. 4

18. WHERE WAS DISEASE CONTRACTED 108 82 St  
IF NOT AT PLACE OF DEATH                     

DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? clinical findings  
(Signed) W. E. Rudolph, Jr. M. D.

2/17 1931 (Address) Salem Mo

\*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 Cedar Grove Cemetary  
DATE OF BURIAL Feb 18 19 31

20. UNDERTAKER Carl Spencer  
ADDRESS Salem Mo.

state binds BNA  
is very important

state binds BNA  
is very important

state binds BNA  
is very important

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County De Witt Registration District No. 266 File No. ....  
 Township Spring Creek Primary Registration District No. 3370 Registered No. 9  
 City..... (No.....) St. .... Ward)

**2. FULL NAME**

Clara Floyd Monegan

(a) Residence. No. .... St. .... 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 W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S  
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ....hra. or ....min.

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

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

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 2/17 19 21 S. H. C. Ruoff, M.D. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/14 19 31

17. I HEREBY CERTIFY That I attended deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred, on the date stated above at.....

THE CAUSE OF DEATH WAS AS FOLLOWS:

Dementia - secondary to cerebral hemorrhage  
 (duration) ..... yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Pneumonia  
of star (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) ..... M. D. ; 19 (Address)

\*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 DATE OF BURIAL

19

20. UNDERTAKER

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

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