

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

Do not use this space.

39458

1. PLACE OF DEATH

45 County **Howard**
Township **Richmond**
City (No. _____) _____

Registration District No. **378**
Primary Registration District No. **5526**

File No. _____
Registered No. **81**
St. _____ Ward _____

2. FULL NAME

Vineo S. Monckton,

(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 (circle the word) Married	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Monckton.					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 / 4 1865					
7. AGE YEARS 67		MONTHS 3		DAYS 16	
IF LESS than 1 day, _____ hrs. or _____ min.					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.				
	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) (STATE OR COUNTRY) England.					
FATHER	13. NAME John Monckton.				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England.				
MOTHER	15. MAIDEN NAME Unknown.				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____				
17. INFORMANT Mrs Vineo Monckton. (ADDRESS) Fayette, Mo.					
18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetary DATE 12/21/32					
19. UNDERTAKER Guy T. Halliey. (ADDRESS) Fayette, Mo.					
20. FILED 12-29 1932 V. J. Bonham Regist.					

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12/20/32**, 19__

22. I HEREBY CERTIFY, That I attended deceased from **12-5**, 19__ to **12-20-32**, 19__
I last saw him alive on **12-20**, 19__ Death is said to have occurred on the date stated above, at **1:00** p.m.
The principal cause of death and related causes of importance were as follows:
Uremic Coma
Ch. Nephritis
Date of onset _____

Other contributory causes of importance:
Ch. Nephritis

Name of operation **None** Date of _____
What test confirmed diagnosis? **None** 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 _____, 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? **no**
If so, specify _____
(Signed) **W. Bloom**, M. D.
(Address) **Fayette, Mo.**

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

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.

JAN 23 1933

