

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

Do not use this space.

26728

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township Marion Primary Registration District No. 3020
City Bartholomew Hatchery St. _____ Ward)

2. FULL NAME

Arthur Monroe
(a) Residence. No. 1839 Hazel St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>10</u>	<u>25</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Abraham Monroe

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

12. MAIDEN NAME OF MOTHER Emma Leggett

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

14. INFORMANT Mrs. Emma Monroe
(Address) 1839 Hazel Bartholomew

15. FILED Aug 6, 1933 A. B. Clinton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 6 1933

17. I HEREBY CERTIFY, That I attended deceased from Aug 2 last, 1933 to Aug 7, 1933, that I last saw live on Aug 7, 1933, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Probably heart failure from high blood pressure
(duration) _____ yrs. _____ mos. _____ ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. J. Cooper, M. D.
, 19 33 (Address) Custer

*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 Bark Cemetery DATE OF BURIAL Aug 9 1933

20. UNDERTAKER Kneel Mortuary ADDRESS Bartholomew

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.

AUG 26 1933

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10-1-1954

Dear Mr. [Name],

I have your letter of the 10th and am sorry that I cannot give you a more definite answer at this time. The matter is being reviewed and I will be in touch with you again as soon as a final decision has been reached.

Very truly yours,

[Signature]