

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

Do not use this space.

26100

1. PLACE OF DEATH
 County May Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____
 2. FULL NAME Mr. Leo Sterling Monroe
 (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.

File No. _____
 Registered No. 96
 St. _____ Ward _____

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 Mrs. Jessie Monroe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1886
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 11 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. miner
 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) Richmond, Missouri

13. NAME John F. Monroe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura

15. MAIDEN NAME Jessie Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laura

17. INFORMANT Mrs. Jessie Monroe
 (ADDRESS) Richmond, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shelby Home DATE August 4, 1934

19. UNDERTAKER W. L. Mansur
 (ADDRESS) Richmond, Missouri

20. FILED 8-8 1934 E. E. Ray Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1934
 22. I HEREBY CERTIFY That I attended deceased from July 12, 1934, to July 30, 1934
 I last saw him alive on July 30, 1934. Death is said to have occurred on the date stated above, at 11:55 p.m.

The principal cause of death and related causes of importance were as follows:
Pericarditis Date of onset July 27, 34
1934
70
310
 Other contributory causes of importance:
Post operative Septicemia

Name of operation Nephrectomy Date of June 14, 34
 What test confirmed diagnosis? clinical Was there an autopsy? No

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. L. Mansur, M. D.
 (Address) Richmond, 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.

AUG 15 1934

100-1000

Ray

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Leo Sterling Monroe
Who died at _____ on July 30 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex m Color or race w Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 47 Months 11 Days 4

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

Date deceased last worked at this occupation: Month 1330 Year _____

Birthplace (State or country) Peru

Birthplace of father (State or country) _____

Birthplace of mother (State or country) Post operative septicaemia

Principal cause of death: For Removal of kidney - nephrotic abscess

Other contributory causes of importance _____

Name of operation Nephrectomy Date of June 1934

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar E. E. Gay Date filed _____

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 744 Very truly yours,

Primary Reg. Dist. No. 3035 E. T. McLaugh M.D.
E.C.

Special Agent.

STATE OF TEXAS
COUNTY OF DALLAS

Know all men by these presents, that _____ of the County of _____ State of _____ do hereby certify that _____ of the County of _____ State of _____ is the true and correct owner of the _____ described in the _____ of _____ of _____ County, State of _____ and that the same is subject to a mortgage in favor of _____ of the County of _____ State of _____ in the amount of _____ Dollars (\$ _____) and that the same is being sold by _____ of the County of _____ State of _____ in accordance with the terms of the said mortgage.

Witness my hand and seal of office this _____ day of _____ 19____ at _____ City, State of _____.

S-24100

Notary Public in and for the State of _____
My Commission Expires _____ 19____

STATE OF TEXAS
COUNTY OF DALLAS