

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.

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

Do not use this space.

DEC 13 1934

38905

**1. PLACE OF DEATH**

County Coe Registration District No. 213  
 Township \_\_\_\_\_ Primary Registration District No. 3014  
 City Jefferson (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 315  
 Registered No. \_\_\_\_\_

**2. FULL NAME**

Peter Monat Jr  
 (a) Residence, No. 201 E. Ashley St. Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 6 29

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Gannet  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired  
 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) Westphalen Germany

FATHER  
 13. NAME Peter Monat Sr

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

MOTHER  
 15. MAIDEN NAME Anna Horde

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

17. INFORMANT (ADDRESS) Auton Monat 201 E. Ashley

18. BURIAL, CREMATION, OR REMOVAL PLACE Thomas DATE Nov 20 1934

19. UNDERTAKER (ADDRESS) Thomas Gannet

20. FILED Nov 20 1934 B. B. Spalding Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 14, 1934, to Nov 18, 1934  
 I last saw him alive on Nov 14, 1934. Death is said to have occurred on the date stated above, at 1071.  
 The principal cause of death and related causes of importance were as follows:

Bronchi Pneumonia Terminal, 10/11/34  
Septic with gangrene of both feet  
 Date of onset Nov 13-34  
 Other contributory causes of importance: old age

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 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) Jas. A. Hill, M. D.  
 (Address) Jefferson City Mo.

