

APR 21 1936

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

Do not use this space.

9799
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1. PLACE OF DEATH

County Clay Registration District No. 201 File No. _____
Township _____ Primary Registration District No. 52803 Registered No. _____
City Liberty (No. 1033 E. Mill St) St. _____ Ward _____

2. FULL NAME

Charles Monroe
(a) Residence, No. 1233 E. Mill St 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 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Male Colored Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 - 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
85 0 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.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty DATE 3-22-1936

19. UNDERTAKER (ADDRESS)

20. FILED 3/19 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 193622. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1936, to March 19, 1936.I last saw him alive on March 17, 1936. Death is saidto have occurred on the date stated above, at 9:45 A.M.

The principal cause of death and related causes of importance were as follows:

Influenza

Date of onset

Other contributor causes of importance

Old age & General Debility

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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. H. Guthbertson, M. D.(Address) Liberty MO

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—LIBERTY

Dr. G. P. Brant
Registrar.

THE UNIVERSITY OF CHICAGO
DEPARTMENT OF CHEMISTRY
5708 SOUTH CAMPUS DRIVE
CHICAGO, ILLINOIS 60637

RECEIVED
DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO
MAY 15 1964

TO: [Illegible]
FROM: [Illegible]
SUBJECT: [Illegible]

[Illegible text]

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