

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

Do not use this space.

18598

**1. PLACE OF DEATH**  
 County Cooper Registration District No. 218  
 Township Boonville Primary Registration District No. 3015  
 City Boonville (No. ....) St. .... Ward ....

**2. FULL NAME** James Monroe  
 (a) Residence (Usual place of abode) St. .... Ward ....  
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. ....  
 Registered No. 44

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX** male **4. COLOR OR RACE** Black **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Widowed

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

**6. DATE OF BIRTH** (MONTH, DAY AND YEAR) June 18-1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>11</u>	<u>22</u>	

**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....

**16. DATE OF DEATH** (MONTH, DAY AND YEAR) May 27 1928  
**17.** I HEREBY CERTIFY, That I attended deceased from Sept 20, 1927, to May 27, 1928 that I last saw h. .... alive on May 25, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Tuberculosis  
80  
33A (duration) 2 yrs. .... mos. .... da.  
**CONTRIBUTORY** Cop. lbs., pyelitis, uremia  
 (SECONDARY) (duration) .... yrs. .... mos. .... da.

**9. BIRTHPLACE** (CITY OR TOWN) Cooper County  
 (STATE OR COUNTRY) Kentucky

**10. NAME OF FATHER** Henry Monroe

**11. BIRTHPLACE OF FATHER** (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER** Livsey Peiko

**13. BIRTHPLACE OF MOTHER** (CITY OR TOWN) Kentucky  
 (STATE OR COUNTRY) Kentucky

**18. WHERE WAS DISEASE CONTRACTED** Prussia, Penn. Pa.  
 IF NOT AT PLACE OF DEATH .....

**0** DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
 (Signed) Alexis Rammey, M. D.  
5.29, 1928 (Address) Boonville, Mo.

\*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.

**14. INFORMANT** Alber Monroe  
 (Address) Boonville Mo

**15. FILED** 5-29-28 SP. County  
 REGISTRAR

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL** Splice Creek Cem. **DATE OF BURIAL** May 29 1928  
**20. UNDERTAKER** Godman & Peller **ADDRESS** Boonville 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.



