

110-1-0-3-1900-0

4201 25

TEXAS DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

32410

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institutional residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Conroe</b> )		c. CITY (If outside corporate limits, write RURAL and give precinct no.) OR TOWN <b>Willis</b>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <b>Gen. Del.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Montgomery County Hospital</b>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <b>John</b>	b. (Middle) <b>Allen</b>	c. (Last) <b>Monroe Sr.</b>	<b>June 19, 1956</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>August 21, 1898</b>
9. AGE <b>57</b>		YEARS <b>9</b>	MONTHS <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer and rancher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Cattle</b>	11. BIRTHPLACE (State or foreign country) <b>Farmersville, Texas</b>
12. FATHER'S NAME <b>Duncan Monroe</b>		BIRTHPLACE <b>Georgia</b>	13. MOTHER'S MAIDEN NAME <b>Cora Murchison</b>
BIRTHPLACE <b>Texas</b>		BIRTHPLACE <b>Farmersville</b>	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes World War I</b>		15. SOCIAL SECURITY NO.	16. INFORMANT'S SIGNATURE <i>John Allen Monroe</i>
17. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>			
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above causes (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
18a. DATE OF OPERATION		18b. MAJOR FINDINGS OF OPERATION	
19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR PRECINCT NO.)		20d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. HOW DID INJURY OCCUR	
21. I hereby certify that I attended the deceased from <u>June 19, 1956</u> , to <u>June 19, 1956</u> , that I last saw the deceased alive on <u>June 19, 1956</u> , and that death occurred at <u>11:30 P.M.</u> from the causes and on the date stated above.			
22a. SIGNATURE <i>[Signature]</i>		22b. ADDRESS <b>213 S. First, Conroe, Tex.</b>	
22c. DATE SIGNED <b>June 25 1956</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-21-56</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Garden Park Cemetery</b>			
23d. LOCATION (City, town, or county) (State) <b>Conroe Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> <b>John F. Branch (4866)</b>	
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR <b>6-26-56</b>	
25c. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

TEXAS DEPARTMENT OF HEALTH  
REC'D JUL 9 1956  
BUREAU OF VITAL STATISTICS