

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

Do not use this space.

21500

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File No. _____
Registered No. **6383**
St. _____ Ward _____

1. PLACE OF DEATH

County St. Louis Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City Hospital # 1)

2. FULL NAME

(a) Residence. No. 621 @ 26th St. East St. Louis, Ill. Ward 23
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 9 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Ray Montgomery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-10-1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
26 4 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) Housewife
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Attumwa
(STATE OR COUNTRY) Iowa

10. NAME OF FATHER Eugene Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER Bertha Haiff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Bentley Co. Mo.

14. INFORMANT Bertha Brown
(Address) 621 @ 26th St. East St. Louis Ill.

15. FILED 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-29 1930

17. My Physician on Attendance
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

that I last saw h. alive on 1-29, 19____, and that death occurred, on the date stated above, at _____ m.

1630 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Richard's of Mercury
Poisoning
Suicide (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 1660

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) John Hurley, M.D.

7/1 1930 (Address) Deputy Coroner

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Attumwa Iowa 7/3 1930

20. UNDERTAKER ADDRESS

Mr. M. J. Walsh East St. Louis Ill.

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.

