

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

Do not use this space.

19185

File No. _____
Registered No. 51
St. _____ Ward _____

1. PLACE OF DEATH
County St. Louis Registration District No. 788
Township Webster Groves Primary Registration District No. 4471
City 301 Bompast
2. FULL NAME Mary K. Joll
(a) Residence. No. 301 Bompast 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. 5 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 7 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Harrisonburg
(STATE OR COUNTRY) Kentucky

PARENTS
10. NAME OF FATHER John Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Danville
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Katherine Pennington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Frankford
(STATE OR COUNTRY) Kentucky

14. INFORMANT Chas. D. Walther
(Address) 301 Bompast

15. FILED 5/5 1931 Dr. A. W. Wentup
G. Carlock REGISTRAR

3. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-4-31 1931
17. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1931, to May 4, 1931, that I last saw him alive on May 20, 1931, and that death occurred, on the date stated above, at 3-00 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of breast
50
4 1/2
4 1/2 (duration) 3 yrs. 0 mos. 0 ds.
CONTRIBUTORY (SECONDARY) Metastases to various
to liver (duration) 2 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical signs
(Signed) H. J. Gardner, M. D.

*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 Longwood Mo DATE OF BURIAL May 6 1931

20. UNBERTAKER Parlier and Co ADDRESS Webster Groves

N. B.—Every item of information should be carefully supplied. AGE should be stated. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

