WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 28 1932

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

Do not use this space.

532

1. PLACE OF DEATH

26 County Cole — Registration District No. 213 — File No. 10

3 Township — Primary Registration District No. 3014 — Registered No.

8 City Jefferson (No. , St. Ward)

2. FULL NAME John Milton Mountjoy

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec-15-1880

7. AGE: YEARS 51 — MONTHS --- — DAYS 28 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer 46

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " 46

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway County, Missouri

FATHER

13. NAME: Enoch Mountjoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky 2

MOTHER

15. MAIDEN NAME: Anna Davidson

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

17. INFORMANT (ADDRESS): Mrs. Daisy Mountjoy, Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE River View Cem DATE Jan-15 1932

19. UNDERTAKER (ADDRESS): Thorpe J Gordon, Jefferson City, Mo.

20. FILED 1-14, 1932 W. Beaford Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1931, to Jan 13, 1932

I last saw him alive on Jan 12, 1932. Death is said to have occurred on the date stated above, at 3 m.

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

	Date of onset
Carcinoma of Stomach	6-19-31
46 B	

Other contributory causes of importance: Metastases in Intestines and Omentum

Name of operation: Resection of Bowels Date of 6-22-31

What test confirmed diagnosis? Physical Laboratory

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 (1)

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H. J. Taylor, M. D.

(Address) Jefferson City Mo