

REC'D MAY 18 1938

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

14191  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway Registration District No. 104  
(b) Township Fulton Primary Registration District No. 3008 Registered No. 92  
(c) City Fulton (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred 4 yrs. 7 mos. 7 ds. (f) How long in U. S., if of foreign birth? 47 yrs. 2 mos. ds.

## 2. PRINT FULL NAME

William Claude Mountjoy  
(a) Residence, No. Fulton Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## 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 Hettie D. Mountjoy

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 3, 1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
63 11 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hospital Att.  
9. Industry or business in which work was done, as saw mill, bank, etc. State Hosp #1  
10. Date deceased last worked at this occupation (month and year) 4 11. Total time (years) spent in this occupation 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callaway Co. Mo.

FATHER  
13. NAME John Mountjoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER  
15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) C. B. Mountjoy, Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Miller Creek DATE 4/16 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ray W. Holt, Fulton, Mo.

20. FILED Apr 15 1938 R. T. Ornd Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1937, to April 14, 1938  
I last saw h. i. m. alive on April 14, 1938. Death is said to have occurred on the date stated above, at 11:00 a. m.

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

Carcinoma of Liver Date of onset D.K.

Other contributory causes of importance: Cholelithiasis D.K.

Name of operation Cholecystectomy Date of 4/7/38

What test confirmed diagnosis? microscopic Was there an autopsy? No.

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 \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify Yes

(Signed) Jas. R. Mulvey, M. D.  
(Address) Fulton, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**