

REC'D OCT 6 1938

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

32830
Do not use this space.

PLACE OF DEATH

County Montgomery

Registration District No. 592

Township

Primary Registration District No. 5950

Registered No. 26

(c) City Montgomery City

(d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME Mary Jones

(a) Residence, No. Montgomery City 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 th 1849

7. AGE YEARS 89 MONTHS I DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) Springfield (STATE OR COUNTRY) Illinois

FATHER 13. NAME Daniel Lee

14. BIRTHPLACE (CITY OR TOWN) Un Known (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Jamina Mc Haney

16. BIRTHPLACE (CITY OR TOWN) Springfield Ill (STATE OR COUNTRY)

17. INFORMANT Mrs Elliott Appling (ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City Date 9/15/38

19. FUNERAL DIRECTOR (NAME) C. W. Hopkins (ADDRESS) Montgomery City Mo

20. FILED Sept. 14 1938 Osvald Neuffer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/13/38, 1938

22. I HEREBY CERTIFY, that I attended deceased from August 11, 1938, to Sept. 13, 1938.
I last saw her alive on Sept. 12, 1938. Death is said to have occurred on the date stated above, at 11:30 PM.

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

Generalized Carcinomatosis Date of onset ?
Began in R. Breast years ago

Other contributory causes of importance:
Atherosclerosis ?
Arteriosclerosis (Generalized) ?

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) E. J. T. Anderson, M. D.
(Address) Montgomery City, Mo

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, on the

13 th day of September 1938

, or by

Registered Apprentice No., working under my personal supervision.

Signed.....



Licensed Embalmer No. I487

P. O. Address Montgomery City Mo.

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.