

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

22568
Do not use this space.

1. PLACE OF DEATH
 (a) County Union Registration District No. 496
 (b) Township 1 Primary Registration District No. 3025- Registered No. 57
 (c) City Brookfield Mo. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Martin Montz
 (a) Residence, No. 310 W Brooks 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 Elizabeth T. Montz (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24-1899

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, hrs. or min.
	<u>60</u>	<u>2</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired engineer
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
 10. Date deceased last worked at this occupation (month and year) 1-9-37
 11. Total time (years) spent in this occupation 37 yrs

12. BIRTHPLACE (CITY OR TOWN) Camden (STATE OR COUNTRY) Missouri

13. NAME William W. Montz
 14. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Anna Kresse
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) William R. Montz
Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Michaels DATE June 9, 1939

19. FUNERAL DIRECTOR (NAME) Huntz, Rollins (ADDRESS) Brookfield

20. FILED July 1 - 1939 Brookfield
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6, 1939

22. I HEREBY CERTIFY, That I attended deceased from 2-5, 1939, to 6-6, 1939
 I last saw him alive on 6-6-39, 19..... Death is said to have occurred on the date stated above, at 1:45 P.M.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of stomach & bladder per se and metastasis.
 Date of onset 1937

Other contributory causes of importance:
Originated in stomach, which (1938) was removed and calcified - left side - June 1938

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicidal? _____ 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) A. E. French, M. D.
 (Address) Brookfield, Mo.

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.

REGISTERED

District Health Officer No. 117

District File Number 739-760

Date Filed JUL 6 1939

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 *L. W. Collins*

Licensed Embalmer No. *11144*

P. O. Address *Brookfield, 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.