

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

23927
 Do not use this space.

AUG 11 1939

1. PLACE OF DEATH

(a) County..... / Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No..... **6200**
 (c) City... **ST. LOUIS** (d) Street No... **ST. Mary's Inf.** 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 Henrietta Montgomery ⁵²⁷

(a) Residence, No. 3405^A Lucas St. **21** (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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) separated 20 yrs.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Samuel Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 7 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
66 1 ?

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Work
 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) (STATE OR COUNTRY) Columbia Ky.

FATHER 13. NAME Henry Doods

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

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickmond Ky.

17. INFORMANT (ADDRESS) Celest T. Smith
3405^A Lucas

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Wood CR. DATE 7-15- 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pinkie L. Toney
3129 Lucas

20. FILED JUL 13 1939 J. B. [Signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11 1939

22. I HEREBY CERTIFY That I attended deceased from June 24, 1939, to July 11, 1939
 last saw her alive on July 10, 1939. Death is said to have occurred on the date stated above, at 3 A.M.
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Gallbladder with General Abdominal Carcinomatosis
 Date of onset

Other contributory causes of importance:
None

Name of operation Hepatectomy Date of 7-9-39
 What test confirmed diagnosis Microscopic Was there an autopsy?

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 no
 (Signed) [Signature], M. D.
 (Address) [Address]

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.

MISSOURI STATE BOARD OF HEALTH—THIS IS A PERMANENT RECORD

1 X1663

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 *Clay Young*
Licensed Embalmer No. *3379*
P. O. Address *St. Louis*

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.