

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

33037
Do not use this space.

1. PLACE OF DEATH
 (a) County Montgomery Registration District No. 592
 (b) Township Wentworth Primary Registration District No. 4350 Registered No. 26
 (c) City Montgomery (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 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LILLIE S METCALF
 (a) Residence, No. Montgomery Ct No 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 (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF WILLIAM S METCALF
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL -10-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 5 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife
 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) Andram Co. Missouri

FATHER 13. NAME WILLIAM JENKINS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STATE OF Virginia

MOTHER 15. MAIDEN NAME SARAH HUNT
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) STATE OF KENTUCKY

17. INFORMANT (ADDRESS) WILLIAM S METCALF
MONTGOMERY CITY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE CEMETERY DATE SEPT 27 1939
MONTGOMERY CITY

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. A. MARLOW
MONTGOMERY CITY MO

20. FILED 9/26/39 Buell Mendenhall
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1939 to Sept. 25, 1939
 I last saw her alive on Sept. 25, 1939 Death is said to have occurred on the date stated above, at 12:15 PM m.
 The principal cause of death and related causes of importance were as follows:
 1. Cholecystitis
 2. Cholelithiasis
 3. Gall stones
 4. Rupture gall bladder
 5. Shock

Other contributory causes of importance: 126

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

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? No
 If so, specify Bruell Mendenhall, M. D.
 (Signed) Bruell Mendenhall
 (Address) Montgomery City, Missouri

Date of onset

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.

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.....

Joseph A. Marlowe

Licensed Embalmer No. *3658*

P. O. Address *Montgomery City*

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.