

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

43137  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Cole / Registration District No. 213  
 (b) Township \_\_\_\_\_ / Primary Registration District No. 3014 Registered No. 286  
 (c) City Jefferson City, Mo. (d) Street No. St. Mary Hosp 15128139 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. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME** 593 Mary Ugenia Poncott

(a) Residence, No. Bonnots Mill, Mo. St.  St. Mary's Hospital, Jeff City  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 1 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jule Poncott

22. I HEREBY CERTIFY, That I attended deceased from Nov 27 1939 to Dec 1 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 8, 1867

I last saw him alive on Dec 1 1939. Death is said to have occurred on the date stated above, at 9:00 P.M.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
72 - 26

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

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

Tuberculosis Date of onset \_\_\_\_\_  
44

12. BIRTHPLACE (CITY OR TOWN) Bonnots Mill, Mo. (STATE OR COUNTRY) 0

Other contributory causes of importance:  
Ch. Myocarditis  
Hypostatic pneumonia

FATHER 13. NAME Justine Boillot 7

14. BIRTHPLACE (CITY OR TOWN) France (STATE OR COUNTRY) 7

MOTHER 15. MAIDEN NAME Victoria Pourron

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

17. INFORMANT (ADDRESS) Mrs. Cora Kramer  
Brush, Colo.

18. BURIAL CREMATION, OR REMOVAL PLACE Bonnots Mill, Mo. DATE Dec 7, 1939

19. FUNERAL DIRECTOR (NAME) Montez Funeral Home (ADDRESS) Jefferson Mo.

20. FILED 12/6/1939 D. B. Keogh M.D. Local Registrar.

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? chest 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Reynold A. Taylor M. D.  
 (Address) Jefferson City, Mo.

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.....

*Vernon Morton*, Registered Apprentice No. *165*  
working under my personal supervision.

Signed *Victor Buesche*

Licensed Embalmer No. *3701*

P. O. Address *J.C. 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.