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.

FILED FEB 6 1940

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

1638
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Primary Registration District No. 3006 Registered No. 13
(c) City Columbia (d) Street No. Noyes Hospital 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 542 David Mountjoy
(a) Residence, No. 114 Sexton Road Columbia Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Baby
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-12-1937
7. AGE: YEARS 2 MONTHS 4 DAYS 13 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Child
9. Industry or business in which work was done, as saw mill, bank, etc. At Home
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): Boone Co Missouri

FATHER
13. NAME: Louis E Mountjoy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Bertha Drury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Louis E Mountjoy Columbia, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE: Memorial Park Cem DATE: 1-27-1940
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Parkers, Columbia, Mo
20. FILED 1/27/1940 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-25-1940

22. I HEREBY CERTIFY, That I attended deceased from 1-18-1940 to 1-25-1940
I last saw him alive on 1-25-1940 Death is said to have occurred on the date stated above, at 4:50 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pneumonia (Lobar)	1-20-40

Other contributory causes of importance: Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Chest Exam 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) Frank E Dexter, M. D.
7th (Address) Columbia Mo

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4182

P. O. Address Columbia, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.