

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

15928

Do not use this space.

FILED MAY 1 - 1940

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.

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1. PLACE OF DEATH
 (a) County St. Clair Co Registration District No. 7163 4458
 (b) Township Butler Primary Registration District No. 6-005 Registered No. 6
 (c) City Loury City Mo (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 2 yrs. 3 mos. 4 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Zetta Catherine Montrey
 (a) Residence, No. Loury City St. Clair Co Missouri 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 (OR) WIFE OF George R Montrey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>72</u>	<u>10</u>	<u>11</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Lone Jack (STATE OR COUNTRY) Jackson Co. Missouri

FATHER
 13. NAME Daniel Perdue
 14. BIRTHPLACE (CITY OR TOWN) Not Given (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Catherine Frost
 16. BIRTHPLACE (CITY OR TOWN) Lone Jack (STATE OR COUNTRY) Jackson Co. Missouri

17. INFORMANT (ADDRESS) J. D. Montrey
Loury City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Loury City Mo DATE 4/7/1940

19. FUNERAL DIRECTOR (NAME) H. C. Austin (ADDRESS) Loury City Mo

20. FILED Apr 6 1940 Sophia A. Stratton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/1940

22. I HEREBY CERTIFY, That I attended deceased from 10-4- 1939, to 4-6- 1940
 I last saw her alive on 3-12- 1940 Death is said to have occurred on the date stated above, at 10 a.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
Myocarditis, etc.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) M. D.
Appleton City Mo

RECEIVED

District Health Officer No. 7,

District File Number 5-40-810

Date Filled 5-8-40

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.....

H. C. Austin

Licensed Embalmer No. 3609

P. O. Address *Lowry City 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.