

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

Do not use this space.

27776

AUG 28 1936

1. PLACE OF DEATH
 County St. Francois Registration District No. 773
 Township St. Francois Primary Registration District No. 6018A
 Near Farmington, Mo. (No. _____ St. _____ Ward _____)

If No. _____
 Registered No. 117

2. FULL NAME Julius Montine
 (a) Residence, No. St. Louis Co. Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1933, to _____, 19____
 I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above, at 4:30 a.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1900

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
36 5 13

Date of onset

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

Streptococcus Infection of External Auditory Canal middle ear and Pharynx (Resulting in edema of vocal cords and Larynx, causing strangulation)

Other contributory causes of importance:
11502

12. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Mo.

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? no

FATHER 13. NAME Henry Montine
 14. BIRTHPLACE (CITY OR TOWN) St. Louis County (STATE OR COUNTRY) Mo.

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)

MOTHER 15. MAIDEN NAME Katherine Dugin
 16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Hospital Records (ADDRESS) Farmington, Mo.

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Louis Mo. DATE 7-6, 1936

24. Was disease or injury in any way related to occupation of deceased? _____

19. UNDERTAKER Strout & Sons (ADDRESS) St. Louis Mo.

If so, specify _____

20. FILED July 3 1936 J. J. Robinson Registrar

(Signed) P. S. Jett, M. D.
 (Address) Hoop #4 Farmington Mo.

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.

