

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.

RECD AUG 7 1939

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

26302
Do not use this space.

1. PLACE OF DEATH

(a) County MONTGOMERY 2 Registration District No. 592
(b) Township MONTGOMERY 1 Primary Registration District No. 4350 Registered No. 2018
(c) City MONTGOMERY (d) Street No. _____ St.
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

430 MARTHA ELLIOTT
(a) Residence, No. MONTGOMERY CITY 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 13 - 1896

7. AGE YEARS 83 MONTHS 2 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

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) KINMONDOK 1
(STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME WESLEY OLIVER 9

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) MRS MAUD COLEMAN
MONTGOMERY CITY MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MONTGOMERY CITY DATE July 4 1939

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

20. FILED July 4 1939 Paul Menefee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1939

22. I HEREBY CERTIFY, That I attended deceased from October 6, 1939 to July 3, 1939

I last saw h. e. r. alive on June 26, 1939 Death is said to have occurred on the date stated above, at 12 P. M.

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

Carcinoma of left breast
Bronchitis, chronic

Date of onset 10/39

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Ex. 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) Paul Menefee, M. D.

(Address) Montgomery City, Missouri

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.....

P. O. Address.....

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.