

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

Do not use this space.

20785

1. PLACE OF DEATH
 County Bueller Registration District No. 89 File No. 20785
 Township _____ Primary Registration District No. 3007 Registered No. 212
 City Poplar Bluff (No. _____) St. _____ Ward _____
 2. FULL NAME John Harding Montgomerie
 (a) Residence No. _____ 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Montgomerie
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 13 - 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 3
 8. OCCUPATION OF DECEASED Commercial Printer
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer
 9. BIRTHPLACE (CITY OR TOWN) Manchester, Ill (STATE OR COUNTRY)
 10. NAME OF FATHER Richard Montgomerie
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 12. MAIDEN NAME OF MOTHER Don't know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 14. INFORMANT Lorena Perry (Address) Poplar Bluff, Mo
 15. FILED 8-6, 1927 W. S. Bailey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 21 1927
 17. I HEREBY CERTIFY, That I attended deceased from July 10th 1927, to July 21 1927 that I last saw him alive on July 20 1927, and that death occurred, on the date stated above, at 4:10 P.M. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Dysentery 13E
 (duration) yrs. mos. 21 ds.
 CONTRIBUTORY (SECONDARY) 16E (duration) yrs. mos. ds.
 18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH?
 DID AN OPERATION PRECEDE DEATH? DATE OF _____
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Thos. Hanchman M. D.
Aug 4, 1927 (Address) Poplar Bluff, Mo
 *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Catholic Cemetery DATE OF BURIAL July 27 1927
 20. UNDERTAKER Frank Underhill & Poplar Bluff ADDRESS

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.

MISSOURI STATE BOARD OF HEALTH

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