

MAR 21 1928

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

Do not use this space.

2267

1. PLACE OF DEATH

County Holmes Registration District No. 757 File No. _____
Township _____ Primary Registration District No. 3036 Registered No. 14
City Holmes (No. St. Josephs Hospital) St. _____ Ward _____

2. FULL NAME

Bertrude Montgomery
(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 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 Perry Montgomery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 24 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hr. or _____ min.
43 2 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Florrisant
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Bernard Tipp

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Kathelina Vanha

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)

14. INFORMANT P. Montgomery
(Address) Holmes Mo

15. FILED 1-31, 1928. Otto Beckman
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1928
17.

I HEREBY CERTIFY That I attended deceased from January 16th, 1928, to January 27, 1928 that I last saw him alive on January 27th, 1928, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Massive collapse of left lung.

(duration) _____ yrs. _____ mos. 1/2 hr.

CONTRIBUTORY (SECONDARY) Primary Pneumococcal Peritonitis
(duration) _____ yrs. _____ mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, at her home St. Charles Mo

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF Jan 16th 1928 Entirely

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Operation and Autopsy

(Signed) B. J. West

1/28, 1928 (Address) St. Charles 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 DATE OF BURIAL

St. Peter's Cemetery Jan 31 1928

20. URBERTAKER W. Hallmeyer & Sons Co ADDRESS 500 N. 2nd St.

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.

