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

Do not use this space.

8015

1. PLACE OF DEATH
County Butler — Registration District No. 89 — File No.
Township — Primary Registration District No. 3007 — Registered No. 79
City Poplar Bluff (No. ..., ... St. ..... Ward)

2. FULL NAME Margaret 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: F.
4. COLOR OR RACE: W—
5. ~~SINGLE, MARRIED~~, WIDOWED OR ~~DIVORCED~~ (write the word): Wid.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 25, 1851

7. AGE: 77 YEARS — MONTHS: 0 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(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): Shelby city.
(STATE OR COUNTRY): Ill.

PARENTS
10. NAME OF FATHER: James Beck.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): not known.
(STATE OR COUNTRY): Ken—
12. MAIDEN NAME OF MOTHER: Sarah Huffman
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): not known
(STATE OR COUNTRY): Ill.

14. INFORMANT: Lydia Robinson
(Address): Poplar Bluff.

15. FILED 4/7, 1928 Dr B J Clue
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3/23 1928

17. I HEREBY CERTIFY That I attended deceased from Mch 3rd, 1928, to Mch 22, 1928, that I last saw him alive on Mch 22, 1928, and that death occurred, on the date stated above, at 11:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Congestion
(duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY): —
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A W Davidson, M.D.
4.3, 1928 (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: Little Brushy. — DATE OF BURIAL: 3/24 1928

20. UNDERTAKER — ADDRESS: Frank Und-Co Poplar Bluff

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

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Township — Primary Registration District No. 3007 — Registered No. 79

City Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Margaret 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W	W

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or .....min.

8. OCCUPATION OF DECEASED
(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) .....
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT .....
(Address)

15. FILED 5/9 1928 Dr. B. J. Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-23 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at .....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Congestion
Cause unknown, Probably threatened
Apoplexy,
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 74 a1
(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) ....., M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

5-8015