

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

Do not use this space.

19722

1. PLACE OF DEATH

County *Wayne* Registration District No. *89.5*  
Township *Mill Spring* Primary Registration District No. *6197*  
City *New Montgomery* St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Dec. 16 - 1925*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
*2 4 20*

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *at home*  
(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) *Mill Spring Mo.*

10. NAME OF FATHER *Ludie Montgomery*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) *Ray Co Mo.*

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT *Ludie Montgomery*  
(Address)

15. FILED *5/6 28* *Roy J Owens*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2  
16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 6 1928*

17. I HEREBY CERTIFY That I attended deceased from *Apr 28* 1928 to *May 6* 1928  
that I last saw him alive on *May 6* 1928 and that death occurred, on the date stated above, at *5A* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Bronch Pneumonia*

CONTRIBUTORY (SECONDARY) *measles*  
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Roy J Owens* M. D.  
*5/6* 1928 (Address) *Mill Spring 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  
*Mill Spring Mo* *5/6 28*

20. UNDERTAKER *None*  
ADDRESS \_\_\_\_\_

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 16 1928





5-1978