

UL 26 1928

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

Do not use this space.

9
21255
File No. _____
Registered No. 151
St. _____ Ward) 6

1. PLACE OF DEATH
County Mason Registration District No. 547
Township Mason Primary Registration District No. 3079
City Hannibal (No. St. Elizabeth Hospital St. _____ Ward)
2. FULL NAME Paul J. Montgomery
(a) Residence. No. 1809 Grace St. 6 Ward. (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 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) June 6 - 1925
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 3 2
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) Mexico Mo
10. NAME OF FATHER Stephen J. Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pomona City Mo
12. MAIDEN NAME OF MOTHER Carrie Wetts
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Perry Mo

14. INFORMANT Stephen J. Montgomery
(Address) Hannibal Mo.
15. FILED 6/11/28 G. B. Shoute REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 - 1928
17. I HEREBY CERTIFY, That I attended deceased from June 5, 1928, to June 8, 1928
that I last saw him alive on June 7, 1928 and that death occurred, on the date stated above, at 2:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid Hemorrhagic
1446
CONTRIBUTORY (SECONDARY) to 90

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, _____
DID AN OPERATION PRECEDE DEATH. no DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) J. B. Chittain, M.D.
19 (Address) Hannibal

*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 St. Mary's Cemetery DATE OF BURIAL June 10 - 1928
20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

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.

THIS IS A PERMANENT RECORD

