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

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.

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. — File No. 24012

Township Kaw — Primary Registration District No. 10 — Registered No. 2020

City Kansas City (No. 6006 Peery St. Ward)

2. FULL NAME Miss Teresa Montgomery

(a) Residence. No. 6006 Peery 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 5 1905

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
22	8	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Clerk

(b) General nature of industry, business, or establishment in which employed (or employer): ~~Montgomery Ward~~

(c) Name of employer: Nath Bellas Hess

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

PARENTS

10. NAME OF FATHER: Thomas Montgomery

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

12. MAIDEN NAME OF MOTHER: Hannah Navin

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

14. INFORMANT (Address): John F Montgomery 3838 Thompson

15. FILED 7-23, 1928 M. M. Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 22, 1928

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1928, to July 21, 1928 that I last saw her alive on July 21, 1928, and that death occurred, on the date stated above, at 5:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pulmonary Tuberculosis

2/23A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) T. B.

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W. Connelly Anderson, M. D

7/23, 1928 (Address) 652C Tyson

*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: 7/24/28

20. UNDERTAKER: QUIRK & TOBIN CO--20 W Linwood

ADDRESS