SEP 25 1928

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

Do not use this space.

1. PLACE OF DEATH
County Henry — Registration District No. 14 — File No. 27083
Township — Primary Registration District No. 4211 — Registered No.
City Windsor (No. ... St. ... Ward)

2. FULL NAME Rosa Lee Montanya
(a) Residence. No. ... St., ... Ward. ... (If nonresident give city or town and State)
(Usual place of abode)
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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/14/1928

7. AGE — YEARS — MONTHS 4 — DAYS 15 — If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS
10. NAME OF FATHER Fred Montanya
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry Co Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Rosa Bell Scrimmer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Johnson Co Mo
(STATE OR COUNTRY)

14. INFORMANT Fred Montanya
(Address) Windsor

15. FILED ..., 19... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/29 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 23d 1928 to Aug 29th 1928 that I last saw her alive on Aug 29th 1928, and that death occurred, on the date stated above, at 8:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

181 Infectious Ileocolitis
194E
119F
(duration) — yrs. — mos. 10 ds.

CONTRIBUTORY (SECONDARY) Traumatic meningitis
a child dropped her on side-walk
(duration) — yrs. — mos. 4 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? —

(Signed) M. E. Bradley, M.D.
Aug 30, 1928 (Address) Windsor 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 Mt Olivet Cem Henry Co — DATE OF BURIAL Aug 30 1928

20. UNDERTAKER J B Walker — ADDRESS Windsor

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.

Montanya

M E Bradley