

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

Do not use this space.

30215

1. PLACE OF DEATH

County Greene

Registration District No. 318

File No. _____

Township Springfield

Primary Registration District No. 2229 East Ave

Registered No. 645

City Springfield (No. 2229 East Ave)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2229 East Ave. 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

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Gas. W. Montgomery

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

Feb 19 - 1861

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

67

6

20

8. OCCUPATION OF DECEASED

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

House Wife

(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)

Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Tenn.

14. INFORMANT

(Address)

J. W. Montgomery
Springfield Mo.

15. FILED

9-11-28

City of Springfield

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9 - 9 1928

17.

I HEREBY CERTIFY, That I attended death from _____, 19____, to _____, 19____, that I last saw her alive on _____, 19____, and that death occurred, on the date stated above, at _____.

that I last saw her alive on Sept 9, 1928, and that death occurred, on the date stated above, at 1020.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of liver

4 1/2 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Cholecystitis

(duration) 6 yrs. mos. da.

18. WHERE DISEASE CONTRACTED

AT PLACE OF DEATH

DISEASE OPERATION PRECEDE DEATH

yes DATE See 10-1926

WAS THERE AN AUTOPSY

no

WHAT TEST CONFIRMED DIAGNOSIS

Chirurgical

(Signed)

Arthur D. Knapp, M. D.

(Address) 450 E. Corril

*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

Bellevue Cemetery 9-11-28

20. UNDERTAKER

W. Klingner & Co. Springfield

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.

DEPARTMENT RECORD

1001

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