

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

Do not use this space.

32106

1. PLACE OF DEATH St. Louis  
County St. Louis Registration District No. 791  
Township ..... Primary Registration District No. 1003  
City St. Louis (No. 2952<sup>a</sup> Clark Ave.)  
Registered No. 9405 (If nonresident give city or town and State)  
St. .... Ward) .....

2. FULL NAME William Montgomery  
(a) Residence. No. 2952 Clark Ave St. 18 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 12, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 10 8 — — —

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work General Labor  
(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Miss  
(STATE OR COUNTRY) .....

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/20 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-27 to 9-20 1928 that I last saw him alive on 9-17 1928, and that death occurred, on the date stated above, at 5:30 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cardio-renal Disease

(duration) 1 yrs. .... mos. .... da.

CONTRIBUTORY (SECONDARY) IOB  
(duration) 1 yrs. .... mos. .... da.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) G. H. Jenkins, M. D.  
, 19 (Address) 3200 Lucas Ave.

14. INFORMANT Carrie Montgomery  
(Address) 2952 Clark Ave

15. FILED SEP 22 1928 Way C. Starbuck REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood Cemetery DATE OF BURIAL 9/23 1928

20. UNDERTAKER WMC Bessie ADDRESS 3572 Lockley

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.

PERMANENT RECORD

