22 1928

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

Do not use this space.

34348

1. PLACE OF DEATH
County Pemiscot — Registration District No. 651 — File No.
Township — Primary Registration District No. 4388 — Registered No. 122
City Cville (No. ..... St. ..... Ward)

2. FULL NAME Regina Montgomery
(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.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Blk
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Tom Montgomery
6. DATE OF BIRTH (MONTH, DAY AND YEAR): unknown
7. AGE: About 44 Years — Months — Days — If LESS than 1 day, ... hrs. or ..... min.
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): Houston
(STATE OR COUNTRY): Miss

PARENTS
10. NAME OF FATHER: Van Buchanan
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown
(STATE OR COUNTRY): unknown
12. MAIDEN NAME OF MOTHER: Maggie Fore
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Houston
(STATE OR COUNTRY): Miss

14. INFORMANT: Tom Montgomery
(Address) Canthersville, Mo.
15. FILED Oct. 11 1928 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 7th 1928
17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1928 to Oct 7th 1928 that I last saw h. m. alive on Oct 6 1928 and that death occurred, on the date stated above, at 9:30 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid fever
(duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY)
(duration) ..... yrs. ..... mos. ..... ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? Gen. Symptoms
(Signed) J B Fuller, M. D
10/11, 1928 (Address) Canthersville 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: Lincoln Cemetery — DATE OF BURIAL: 10-11 1928
20. UNDERTAKER: W. M. Hardrick — ADDRESS: Cville