

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

Do not use this space.

JAN 28 1929

43807

1. PLACE OF DEATH

County Sullivan Registration District No. 852
 Township Falk Primary Registration District No. 4578
 City Milan (No. _____) St. _____ Ward _____

2. FULL NAME Mary Elizabeth Montgomery

(a) Residence No. _____ 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. da. 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) _____

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 2, 1928

7. AGE YEARS MONTHS Days If LESS than 1 day, _____ hrs. or _____ min.
0 | 5 | 18

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

9. BIRTHPLACE (CITY OR TOWN) Milan, Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER George Montgomery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Milan, Mo.
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mae Christal Putnam

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Putnam, Mo.
 (STATE OR COUNTRY)

14. INFORMANT George Montgomery
 (Address) Milan, Mo.

15. FILED 12-23, 28 Bertha McClary
 REGISTER

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY That I attended deceased from December 17, 1928, to December 20, 1928 that I last saw him alive on December 20, 1928, and that death occurred, on the date stated above, at 10:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branchipneumonia
119
107A (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY) _____ (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

Did an operation precede death? no DATE OF _____

WAS THERE AN AUTOPSY? no

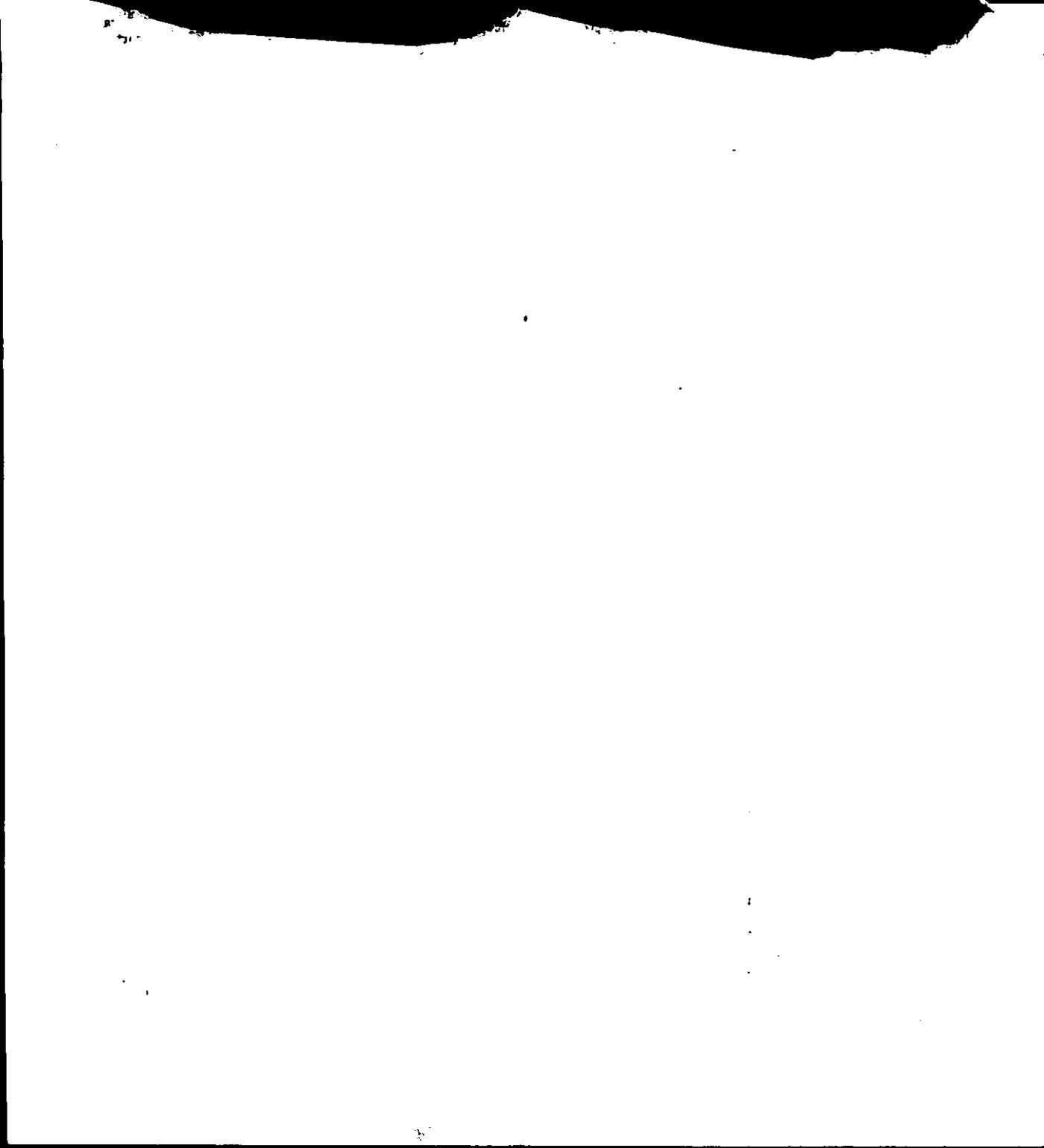
WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) Clayton A. Quake, M. D.
12/21, 1928 (Address) Milan, Mo.

*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 Oakwood Cem DATE OF BURIAL Dec. 22, 1928

20. UNDERTAKER C. A. Schoene ADDRESS Milan, Mo.

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 JAN 28 1929
 43807
 852
 4578
 MILAN, MO.
 MARY ELIZABETH MONTGOMERY
 FEMALE
 WHITE
 JULY 2, 1928
 5 YEARS 18 DAYS
 BRANCHIPNEUMONIA
 DECEMBER 20, 1928
 10:45 P.M.
 MILAN, MO.
 GEORGE MONTGOMERY
 MILAN, MO.
 MAE CHRISTAL PUTNAM
 PUTNAM, MO.
 GEORGE MONTGOMERY
 MILAN, MO.
 12-23, 28
 BERTHA McCLARY
 REGISTER
 CLAYTON A. QUAKE, M.D.
 MILAN, MO.
 C. A. SCHOENE
 MILAN, MO.



S-43807