

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

Do not use this space.

**1. PLACE OF DEATH**

County Madison  
Township Carpel  
City Sanford (No. ....)

Registration District No. 921  
Primary Registration District No. 4557

File No. 9432  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Eurlina Vincent Montague  
(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. 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 widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND (OR) WIFE OF James D. Montague  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 28 1844  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 4 14  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired farmers wife  
(b) General nature of industry, business, or establishment in which employed (or employer) ..  
(c) Name of employer ..

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 - 1929  
17. I HEREBY CERTIFY, That I attended deceased from Feb 16 - 1929 to March 14, 1929 that I last saw her alive on March 13, 1929, and that death occurred, on the date stated above, at 1240 A. M.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Endocarditis  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH. Place of Death  
DID AN OPERATION PRECEDE DEATH? NO DATE OF ..  
WAS THERE AN AUTOPSY? NO  
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs  
(Signed) W. H. McCall M. D.  
3-13-1929 (Address) Laddonia Mo.  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Like Co. Mo.

**10. NAME OF FATHER**

Jacob Lemon

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**12. MAIDEN NAME OF MOTHER**

Ann Schuler

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Kentucky

**PARENTS**

14. INFORMANT Miss Martha Montague  
(Address) Laddonia Mo.

15. FILED Apr 7 1929 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Laddonia Mo DATE OF BURIAL March 15 1929

20. UNDERTAKER W. H. Granger ADDRESS Laddonia Mo

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.

4-1929

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