

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

Do not use this space.

20467

1. PLACE OF DEATH

County Sullivan Registration District No. 854
Township Bourman Primary Registration District No. 4500 B
City near Milan Mo No. 6718 St. _____ Ward _____

File No. _____
Registered No. 1

2. FULL NAME

Terass De Witt Montgomery
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 61 yrs. - mos. - ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 29, 1848

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81 | 3 | 29

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER John Montgomery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baltimore, Md.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Shatto

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

14. INFORMANT Ed Montgomery
(Address) Milan Mo

15. FILED June 1, 1929 R. J. James REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 28 1929

17. HEREBY CERTIFY, That I attended deceased from June 1, 1929, to May 28, 1929, that last saw her alive on May 27, 1929, and that death occurred, on the date stated above, at 8:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
1930
99
(duration) 1 yrs. - mos. - ds.

CONTRIBUTORY arteriosclerosis
(SECONDARY) (duration) several 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? (Signed) J. S. Montgomery, M. D.

May 31, 1929 (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, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Sullivan Co. White Cem Bourman Twp DATE OF BURIAL May 30 1929

20. UNDERTAKER C. A. Schoene ADDRESS Milan Mo

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 28 1929

