NOV 28 1930

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

Do not use this space.

31895

1. PLACE OF DEATH
County Sullivan — Registration District No. 852 — File No.
Township Polk — Primary Registration District No. 4518 — Registered No. 35
City Milan (No. ..... St. ..... Ward)

2. FULL NAME Martin P. 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 60 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sarah C. Montgomery

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 1, 1857

7. AGE: Years 73 — Months 8 — Days 24 — If LESS than 1 day, ..... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: Isaac Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Elizabeth Wise
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Penn.

14. INFORMANT (Address): Sarah C. Montgomery, Milan, Mo.

15. FILED 9-29, 1930 Bertha McClary REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 25 1930

17. I HEREBY CERTIFY, That I attended deceased from — , 19..., to — , 19..., that I last saw h..... alive on — , 19..., and that death occurred, on the date stated above, at about 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Struck by lightning. He was alone and had taken refuge under a tree during a rain and hail storm. A wire fence was nailed to the tree
(duration) Instantaneous yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 192 (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?
(Signed) R. L. Garner, M. D.
9/27, 1930 (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: Montgomery Cem. Milan ness
DATE OF BURIAL: Sept 28, 1930

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

WRITE [illegible] WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—[illegible] of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state [illegible] OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.