

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

Do not use this space.

32770

NOV 24 1930

1. PLACE OF DEATH

County Jackson Registration District No. 398
 Township Blue Primary Registration District No. 3019
 City Independence (No. Sanitarium) St. _____ Ward _____

File No. _____
 Registered No. 811
 St. _____ Ward _____

2. FULL NAME Florence Montague

(a) Residence. No. 1015 7th Main St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 51 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 1, 1862

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>68</u>	<u>8</u>	<u>8</u>	<u>6</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work. None
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Lexington Ky
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER James C Montague
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lexington Ky
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Nancy Cromwell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lexington Ky
 (STATE OR COUNTRY)

14. INFORMANT Clifton M. Rouse
 (Address) 6828 Pass Kemo.

15. FILED 10-9, 1930 JL Cook
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-7-1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930 to Oct 7, 1930, 1930
 that I last saw him alive on Oct 7, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
107th Broncho Pneumonia
99 Acute Cystitis 10 days
125E
 (duration) _____ yrs. _____ mos. 2 ds.

CONTRIBUTORY (SECONDARY) Anterior-Sclerotic - Acute Cystitis
 (duration) 4 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? Yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy
 (Signed) JL Hickerson, M. D.
6079, 1930 (Address) Independence Mo

*State the DISEASE CAUSING DEATH, or if 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 Woodlawn DATE OF BURIAL Indep Mo Oct 9, 1930

20. UNDERTAKER Ott + Mitchell ADDRESS Indep. Mo

WRITE 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.

