

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.

JUL 25 1931

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

Do not use this space.

21846

1. PLACE OF DEATH  
 County Jasper Registration District No. 411  
 Township Joplin Mo. Primary Registration District No. 2001  
 City Joplin Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Lee Montgomery  
 (a) Residence, No. 1314 Boyers 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.

File No. \_\_\_\_\_  
 Registered No. 253

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wht. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Mar. (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lida P. Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>70</u>	<u>8</u>	<u>23</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail road

10. Date deceased last worked at this occupation (month and year) no record 11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Mo.

13. NAME Joseph F. Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

15. MAIDEN NAME Susie Ashkin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fayetteville Mo.

17. INFORMANT (ADDRESS) Mrs Lida P. Montgomery 1314 Boyers

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Park DATE June 22, 1931

19. UNDERTAKER (ADDRESS) Frank - Joplin Mo.

20. FILED June 22, 1931 E. Enevold Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1931, to June 20, 1931  
 I last saw him alive on June 29, 1931 Death is said to have occurred on the date stated above, at 11:20 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of prostate Date of onset ?  
510  
11805/10  
 Other contributory causes of importance:  
Gastric hemorrhage

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?  Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur?  (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Rush L. Jeff M. D.  
 (Address) Joplin Mo.

