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

Do not use this space.

1. PLACE OF DEATH
County St. Francois Registration District No. 775 File No. 29234
Township Bonne Terre Hospital Registration District No. 6020 Registered No. 65
City Bonne Terre (No. ..... St. ..... Ward)

2. FULL NAME George Washington Montgomery
(a) Residence. No. Elvins, Mo 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: M
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 2nd 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
55	—	3	

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

9. BIRTHPLACE (CITY OR TOWN) Bollinger Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Andrew Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Bollinger, Co
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Amy Packet
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Bollinger Co Mo

14. INFORMANT Mrs Geo Montgomery
(Address) Elvins Mo.

15. FILED 8/6 1931 T. F. Boss REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8/5/31 19

17. I HEREBY CERTIFY, That I attended deceased from 8/2/31, 19..., to 8/5/31, 19..., that I last saw h[illegible] alive on 8/4/31, 19..., and that death occurred, on the date stated above, at 1 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute infection of gall-bladder.
127 B
131
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Acute exacerbation of chronic nephritis (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Elvins Mo.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 8/3/31.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operative & physical findings
(Signed) David E. Smith, M. D
8/5/31, 19 (Address) Bonne Terre, 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: Parkview Cemetery
DATE OF BURIAL: 8-7 1931

20. UNDERTAKER: Caldwell Bros
ADDRESS: Flat River.