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

Do not use this space.

3430

102

1. PLACE OF DEATH
County Shelby — Registration District No. 831 — File No.
Township Black Creek — Primary Registration District No. 6092 — Registered No.
City (No. St. Ward)

2. FULL NAME James Montgomery
(a) Residence No. County Infirmary 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1854

7. AGE: Years 77 | Months 6 | Days 7 | If LESS than 1 day, hrs. or min.

31
54
77

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) (STATE OR COUNTRY) Virginia 2

PARENTS
10. NAME OF FATHER No record
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No record 31
12. MAIDEN NAME OF MOTHER No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT David Montgomery
(Address) Shelbina Mo

15. FILED Jan 23, 1932 Everette A. Howerton REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 22 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1932, to Jan 22, 1932 that I last saw him alive on Jan 16, 1932, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria Sclerosis
97 97
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) R. C. Archer, M. D
1-22, 1932 (Address) Shelbyville 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: Shelbina I.O.O.F. Cemetery — DATE OF BURIAL: Jan 23 1932

20. UNDERTAKER: J. W. Thompson Son — ADDRESS: Shelbyville Mo

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.