

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

Do not use this space.

8411

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. 616 West 26 St) _____

File No. _____
Registered No. 990
St. _____ Ward _____

2. FULL NAME John Franklin Montgomery

(a) Residence, No. 616 West 26th St. St. 3 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Annie E. Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 5, 1857

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
74 3 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Blacksmith
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Appleton Arkansas

13. NAME Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT (ADDRESS) B. O. Montgomery
616 West 26th St.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery DATE Mar 10 1932

19. UNDERTAKER (ADDRESS) Wagner Funeral Home
204 W. Linwood

20. FILED 3/9 1932 M. M. Cravens Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 3 1932 to Nov 9 1932

I last saw him alive on Nov 8 1932 Death is said to have occurred on the date stated above, at 12:15 A.M.

The principal cause of death and related causes of importance were as follows:

Ch. Coronary atherosclerosis
Ch. valvular disease
of the heart.

Other contributory causes of importance:

Hypertension 131
9257
102

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) J. E. Proffitt, M. D.

(Address) 710 Prof. Bldg. K.C. 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.

Dr. [unclear] [unclear]
Prof. [unclear] - [unclear]