

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.

MAY 24 1932

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

Do not use this space.

17095

1. PLACE OF DEATH
 83 County Platte Registration District No. 695
 Township Peltis Primary Registration District No. 6922
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME William Edward Montague
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____ (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 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) May 28 1847

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>84</u>	<u>11</u>	<u>8</u>	

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

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

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) Scott County 2
Kentucky

FATHER 13. NAME Lewis Montague 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County
Kentucky

MOTHER 15. MAIDEN NAME Sarah Turner 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scott County
Kentucky

17. INFORMANT (ADDRESS) Minnie Hoy
Parkville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Canaan Point DATE May 8 1932

19. UNDERTAKER (ADDRESS) Mrs H. E. Nolan
Parkville Mo.

20. FILED 5-8 19 32 J. H. Wanda
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6 1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 29 1932 to May 6 1932
 I last saw him alive on May 3 1932 Death is said to have occurred on the date stated above at 9 a. m.
 The principal cause of death and related causes of importance were as follows:
arterio sclerosis Date of onset _____
92A
97
92A
 Other contributory causes of importance:
Valvular heart
disease ①

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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) S. P. Ford M. D.
 (Address) Parkville Mo.

