

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

Do not use this space.

1. PLACE OF DEATH
 96 County St. Louis Registration District No. 788
 12 Township Central Primary Registration District No. 4471
 8 City Webster Groves (No. 11 Denver Pl. St. _____ Ward _____)
 2. FULL NAME Melvinas Montague
 (a) Residence, No. 11 Denver St., _____ Ward _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 28 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. 17304
 Registered No. 41

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Frank M. Montague

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12 - 1864
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 2 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23
 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) Perry Co. Ill.

13. NAME Thomas Skelly

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) M. Montague

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE May 18 1932

19. UNDERTAKER (ADDRESS) Palmer Road 10 Webster Groves Mo

20. FILED 5-17 1932 Dr. A. W. Minton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1932
 22. I HEREBY CERTIFY, That I attended deceased from Dec 2 1930, to May 15 1932
 I last saw her alive on May 15 1932. Death is said to have occurred on the date stated above, at 10:45 a.m.
 The principal cause of death and related causes of importance were as follows:

Argina Pectoris
 Acute Pulmonary Edema.
 Renal Calculi.
 Arterio-sclerosis

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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?
 If so, specify _____
 (Signed) H. Victor Reese M. D.
 (Address) 116 Lockwood Webster Groves 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.

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