

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

Do not use this space.

28255

**1. PLACE OF DEATH**

105 County Sullivan  
Township Polk  
City (No. \_\_\_\_\_) \_\_\_\_\_

Registration District No. 852  
Primary Registration District No. 6120

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William H. Montgomery

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

Male

**4. COLOR OF RACE**

White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

Widowed

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

Mary Ellen Montgomery

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**

April 24, 1848

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

84

3

23

**OCCUPATION**

**8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc.**

Farmer

**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**

lifetime

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Wayne Co., Ohio

**FATHER**

**13. NAME**

Isaac Montgomery

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

Ohio

**MOTHER**

**15. MAIDEN NAME**

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

Ohio

**17. INFORMANT (ADDRESS)**

Mrs. Virgil Haynes  
Sullivan Mo.

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE Wilson Mo. DATE Aug 8, 1932

**19. UNDERTAKER (ADDRESS)**

C. A. Schweser  
Trilab Mo.

**20. FILED**

19 \_\_\_\_\_

Registrar.

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)**

Aug 6, 1932

**22. I HEREBY CERTIFY, That I attended deceased from**

1927, to Aug. 6, 1932

last saw him live on Aug 6, 1932 Death is said

to have occurred on the date stated above, at 8:20 m.

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

Probably coronary disease. (I arrived a few minutes after his death which was sudden.)

Date of onset Aug. 6

**Other contributory causes of importance:**

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 \_\_\_\_\_

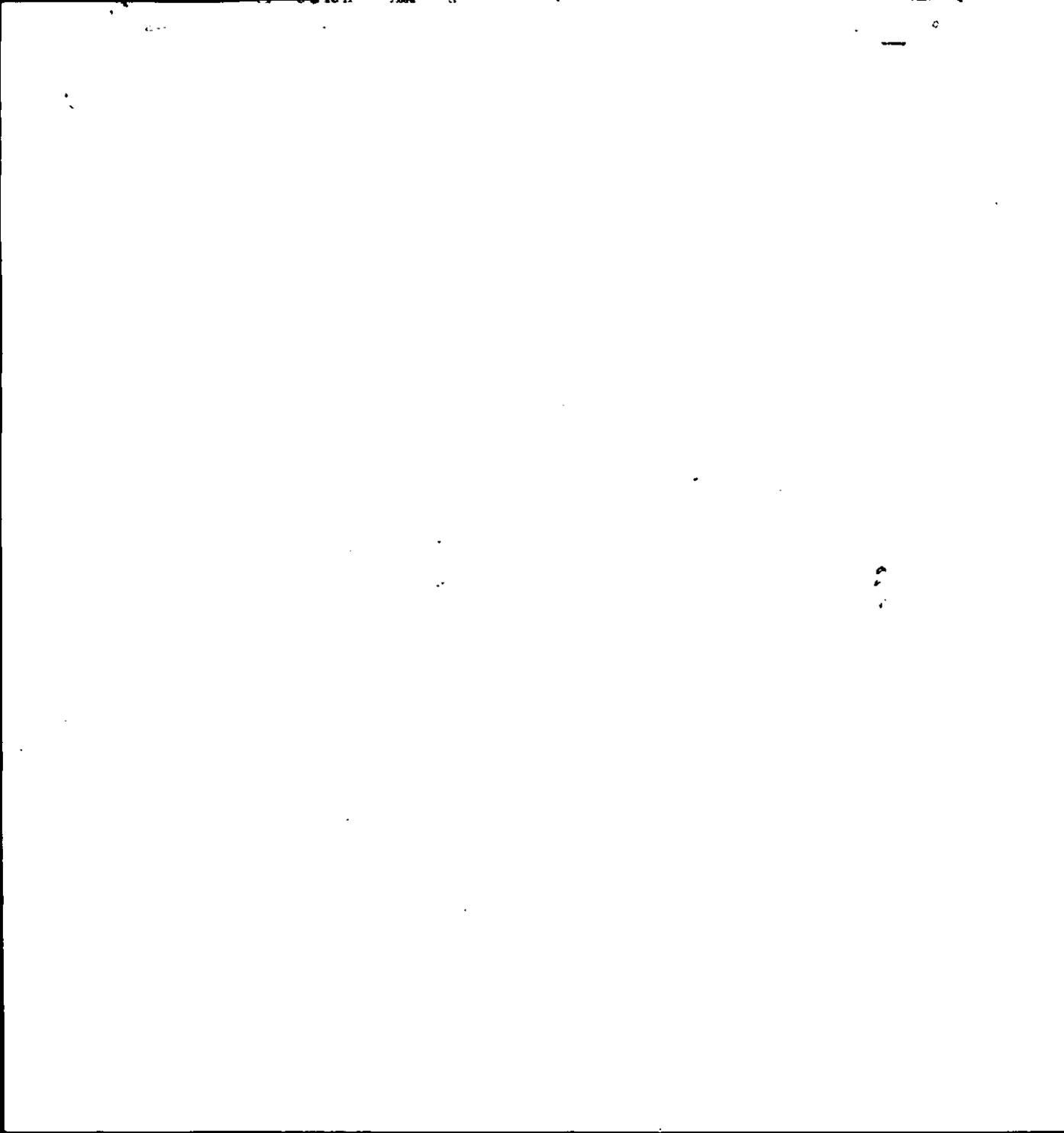
Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?** no

If so, specify \_\_\_\_\_

(Signed) J. S. Montgomery M. D.

(Address) Wilson Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Sullivan  
Township Polk  
City..... (No....., Ward.....)

Registration District No. 852  
Primary Registration District No. 6120

File No.....  
Registered No.....  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. Wm H Montgomery 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 6 19 32

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

22. I HEREBY CERTIFY, That attended deceased from ....., to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 24-1848

I last saw h..... alive on ....., 19..... Death is said to have occurred on the ....., at..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.

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

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

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.....

Date of onset

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

13. NAME

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

15. MAIDEN NAME W. H. Montgomery

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

17. INFORMANT (ADDRESS).....

18. BURIAL, CREMATION, OR REMOVAL

PLACE..... DATE..... 19.....

19. UNDERTAKER (ADDRESS).....

20. FILED 8/15 19 32 Mayme Calfee Registrar

Other contributory causes of importance:

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....., 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)....., M. D.

(Address).....

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

**SUPPLEMENTARY**

S-22255