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.

OCT 24 1932

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

Do not use this space.

28485

1. PLACE OF DEATH

11 County Buchanan — Registration District No. 83 — File No.

Township Oranford — Primary Registration District No. 4051 — Registered No.

City Fawcett (No. ..... St. ..... Ward)

2. FULL NAME Sarah E. Montgomery

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
female	white	widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18 - 1857

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	1	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeping

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Buchanan Co. 1
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Simeon Coyle

11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) ~~N~~ South Carolina

12. MAIDEN NAME OF MOTHER Sarah E. Russell

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) South Carolina

14. INFORMANT Mrs. Jack Prichard
(Address) Fawcett Mo.

15. FILED 9/12, 1932 W. S. Hull REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 - 1932

17. I HEREBY CERTIFY, That I attended deceased from July 6, 1932, to Sept 12, 1932 that I last saw her alive on Sept 14, 1932, and that death occurred, on the date stated above, at 9 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage.

82A

97 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis.

(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? clinical

(Signed) J. F. Owens, M. D.

9/13/, 1932 (Address) St Joseph, 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: Agency Mo. Cem. Sept — DATE OF BURIAL: 14th 1932

20. UNDERTAKER: Lucian Davis Dearborn Mo. — ADDRESS