

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

28 1833

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

Do not use this space.

1256A  
1236

1. PLACE OF DEATH  
 48 County JACKSON Registration District No. 398  
 Township BLUE Primary Registration District No. 5554  
 City INDEPENDENCE (No. 2530 STERLING) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME PIERRE N. MONTGOMERY  
 (a) Residence, No. 701 B LINCOLN ST. St. \_\_\_\_\_ Ward AMARILLO TEXAS  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 14 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF IRMA B. MONTGOMERY  
 (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 15, 1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
50 2 12 \_\_\_\_\_

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. A. T. & S. F. RY.

10. Date deceased last worked at this occupation (month, year) Nov. 27, 1933 11. Total time (years) spent in this occupation 27 Yrs.

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

13. NAME JOSEPH MONTGOMERY

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN WEST INDIES

15. MAIDEN NAME MARTHA SIMPSON

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

17. INFORMANT MRS. IRMA B. MONTGOMERY  
 (ADDRESS) 701 B. LINCOLN AMARILLO TEXAS

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE AMARILLO TEXAS DATE JAN. 28, 1933

19. UNDERTAKER STAHL'S FUNERAL HOME  
 (ADDRESS) 815 W. MAPLE AVE.

20. FILED Jan 28 1933 Dr. F. L. Cook  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 27, 1933 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 12:30 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic pulmonary tuberculosis.  
Coronary occlusion (sclerotic)  
with myocardial infarction  
 Other contributory causes of importance: 23A 94B

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis Autopsy 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) Deputy Coroner M.-D.  
 (Address) \_\_\_\_\_

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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