

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.

SEP 20 1933

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

Do not use this space.

29731

PLACE OF DEATH
 County JACKSON Registration District No. 333
 Township KAW Primary Registration District No. 298
 City KANSAS CITY (No. ST. LUNE'S HOSPITAL) St. _____ Ward _____

2. FULL NAME RICHARD MANSSELL MONTAGUE
 (a) Residence, No. ORMOND HOTEL LINWOOD TROOST 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.

File No. _____
 Registered No. 3655

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 (OR) WIFE OF MRS BERNICE MONTAGUE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPTEMBER 5 1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>0</u>	<u>10</u>	

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

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

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) OHIO

FATHER

13. NAME WILLIAM A MONTAGUE

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

MOTHER

15. MAIDEN NAME ALICE BACON

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

17. INFORMANT George Bowles
 (ADDRESS) 3907 Grand Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Sept. 16 1933

19. UNDERTAKER D. W. Newcomb's Sons
 (ADDRESS) 2111 G St.

20. FILED Sept 15 1933 M. M. Crouse
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT-15 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/12/33, 19____, to 9/15/33, 19____.

I last saw him alive on 9/15/33, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Exhaustion
Carcinoma Uteru
Primary check

Date of onset 1931

Other contributory causes of importance:
Wife
59K H-5

Name of operation _____ Date of _____

What test confirmed diagnosis? Biopsy 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? No
 If so, specify _____

(Signed) J. H. Miller, M. D.
 (Address) 1500 Prof. Bldg

1500 Professional Bldg.

2-4