

APR 1934

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.

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

Do not use this space.

8730

1. PLACE OF DEATH

County Howard  
Township Prace  
City Armstrong (No. .... St. .... Ward)

Registration District No. 376  
Primary Registration District No. 4270

File No. ....  
Registered No. ....

2. FULL NAME William Thomas Montgomery

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 17 mos. 0 ds. 10 How long in U. S., if of foreign birth? yrs. .... mos. .... ds. (If nonresident, give city or town and State)

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 agnes Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1893-5-16

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
61 10 8

8. Trade, profession, or particular kind of work done, as spinner, 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) mar 23, 1934 11. Total time (years) spent in this occupation. 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jolt, clay County, Mo.

13. NAME William Montgomery

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) John W. Montgomery, Armstrong, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roanoke Mo DATE Mar 26 1934

19. UNDERTAKER (ADDRESS) A. H. Aldaker, Armstrong, Missouri

20. FILED 3/26 19 34 W. M. Beckman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1934

22. I HEREBY CERTIFY, That I attended deceased from 3-24 19 34 to 3-24 19 34  
I last saw him alive on 3/23 19 34 Death is said to have occurred on the date stated above, at 7 A m.

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

Angina Pectoris Date of onset 3/24/34  
Myocarditis  
949  
950

Name of operation ..... Date of .....  
What test confirmed diagnosis clinical 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) W. M. Beckman, M. D.  
(Address) Armstrong Mo

