Taylor

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

Do not use this space.

42390

1. PLACE OF DEATH JAN 10 1935

County: Cole — Registration District No.: 213

Township: — Primary Registration District No.: 3014

City: Jefferson (No. ... St. ... Ward)

File No.: — Registered No.: 351

2. FULL NAME: Nancy Elizabeth Montgomery

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

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wm. C. Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 24-1833

7. AGE: Years 100 Months 6 Days 17 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Prey

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): Lexington Indiana

FATHER

13. NAME: James Wheat

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

MOTHER

15. MAIDEN NAME: Tallie Roberts

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

17. INFORMANT: Selma Bryant (ADDRESS) Jefferson Mo.

18. BURIAL, CREMATION, OR REMOVAL: New City DATE: Dec 13 1934

19. UNDERTAKER: Dawson-Tarr (ADDRESS) Jefferson Mo.

20. FILED 12/17/ 1934 W. B. Goodwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1934, to Dec 11, 1934. I last saw her alive on Dec 11, 1934. Death is said to have occurred on the date stated above, at 1 00 p.m.

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

	Date of onset
Bronchial Pneumonia	Nov 1934

Other contributory causes of importance:

Name of operation: Physical 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? No

If so, specify:

(Signed) [illegible], M. D.

(Address) Jefferson City Mo.

N.B.—Every item of information should be carefully supplied. Rule adopted by the State Board of Health, March 1, 1911, requires that the CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.