APR 22 1935

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

Do not use this space.

9921

1. PLACE OF DEATH
County Monroe — Registration District No. 581 — File No.
Township — Primary Registration District No. 4343 — Registered No. 14
City Monroe City (No. , St. Ward)

2. FULL NAME James Samual Montgomery
(a) Residence, No. 212 E. Dover St., 2nd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 41 yrs. mos. 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 (OR) WIFE OF Cordelia E. Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCTOBER 25 - 1850

7. AGE: 84 YEARS — MONTHS: 4 — DAYS: 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Rail Road
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bridge Foreman
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 37

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

FATHER
13. NAME Charles W. Montgomery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Helen Hagan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) J. A. Montgomery Monroe City, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Holy Rosary Cemetary DATE 3/11 1935

19. UNDERTAKER (ADDRESS) Wilson & Son Monroe City Mo

20. FILED 3/10 1935 O. W. Wilson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 16th, 1935, to March 7th, 1935
I last saw him alive on Mar 6th, 1935. Death is said to have occurred on the date stated above, at 6 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Valvular	1934
Heart disease	
Pulmonary Edema	

Other contributory causes of importance: General Arteriosclerosis — Several years

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. D. Pipkin M. D.
(Address) Monroe City, Mo.

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.