JUN 24 1935

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

Do not use this space.

16480

File No. 1223

Registered No.

1. PLACE OF DEATH

County JACKSON Registration District No. 399

Township RA-W Primary Registration District No. 1005

City KANSAS CITY (No. 3429; EAST-60TH St. Ward)

2. FULL NAME LEMUEL CLARENCE MONTGOMERY

(a) Residence, No. 3429-EAST-60TH St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 2 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~~ MRS. MAGGIE MONTGOMERY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOVEMBER-12-1885

7. AGE: Years 49 | Months 5 | Days 30 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. TELEPHONE Co. EL PASO, TEXAS

10. Date deceased last worked at this occupation (month and year) 1933

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRINGFIELD KENTUCKY

FATHER

13. NAME WILLIAM THOMAS MONTGOMERY

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

MOTHER

15. MAIDEN NAME MARTHA J. YANKEY

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

17. INFORMANT MISS SADIE MONTGOMERY
(ADDRESS) 3429-EAST-60TH ST.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE MAY-12 1935

19. UNDERTAKER D.W. NEWCOMER'S SONS
(ADDRESS) 2111-EAST-9TH ST.

20. FILED 5-11 1935 M M Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-11 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-22, 1935, to 5-11, 1935

I last saw h. alive on 5-11, 1935 Death is said to have occurred on the date stated above, at 10:00 A.m.

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

	Date of onset
Aortic Regurgitation	Chronic
Other contributory causes of importance:	
Chronic Myocarditis with Heart failure	Chronic

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) Wilson A Myers, M. D.

(Address) 815 Phoenix Bldg K.C. Mo

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.

100M-11-24-33

815 Shickert Bldg.
2-4:30