

OCT 30 1935

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

Do not use this space.

31610

1. PLACE OF DEATH
105 County Sullivan Registration District No. 852
Township _____ Primary Registration District No. 4518
City Milan (No. _____) St. _____ Ward _____

2. FULL NAME Marion Lee Montgomery
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (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) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 80 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Milan (STATE OR COUNTRY) Missouri

MOTHER FATHER
13. NAME Albert Montgomery
14. BIRTHPLACE (CITY OR TOWN) Milan (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Golda Belle Young
16. BIRTHPLACE (CITY OR TOWN) Milan (STATE OR COUNTRY) Missouri

17. INFORMANT Golda Belle Young (ADDRESS) Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL Capewood Cem. Milan DATE Sept 30, 1935

19. UNDERTAKER C. B. Scholten (ADDRESS) Milan, Mo.

20. FILED Oct 9, 1935 Cleo Hagan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 27, 1935 to Sept 29, 1935.
I last saw her alive on Sept 27, 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:
Acute diffuse nephritis Date of onset 7/1935
Passive causes
due to
Other contributory causes of importance:
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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) J. S. Montgomery, M. D.
(Address) Milan, 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.

