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.

MAR 24 1936

1. PLACE OF DEATH
County: Nodaway
Township: Union
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 627
Primary Registration District No. 5829

File No. 7031
Registered No. .....

2. FULL NAME Robert J. Montgomery

(a) Residence, No. ..... 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3, 1858

7. AGE: Years 77 | Months 8 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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):
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington ?ILL

FATHER
13. NAME: Thomas Montgomery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pennsylvania

MOTHER
15. MAIDEN NAME: Elizabeth Knouse
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn.

17. INFORMANT (ADDRESS): Addie B. Montgomery, Pickering, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bedford, Ia. DATE: Feb. 11, 1936

19. UNDERTAKER (ADDRESS): Price Funeral Home, Maryville, Mo.

20. FILED: 2/11, 1936 Mrs. H. C. Smith, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/5, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/1, 1936 to 2/5, 1936
I last saw him alive on 2/2, 1936. Death is said to have occurred on the date stated above, at 5-45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Other contributory causes of importance: Retention of urine	5 da

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? .....
If so, specify .....

(Signed) C. W. Kirk, M. D.
(Address) Hopkins