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.

APR 21 1936

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

Do not use this space.

9812

File No. 30

Registered No.

1. PLACE OF DEATH
County: Clay
Township: Liberty
City: (No.) St. Ward)
Registration District No. 201
Primary Registration District No. 5280

2. FULL NAME: William R. Montgomery
(a) Residence, No. I.O.O.F. Home St. Liberty, Mo Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF:
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26-1860
7. AGE: Years 75 Months 4 Days 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inmate
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: I.O.O.F. Home
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): Scott Co. Ind.

FATHER
13. NAME: David Montgomery
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind.

MOTHER
15. MAIDEN NAME: Patsy Harris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Paul R. Rogers Liberty Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Near Liberty Mo DATE: 3/28 1936
19. UNDERTAKER (ADDRESS): Church-Archer & Liberty Mo
20. FILED: 3/28 1936 E. T. Breckel Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 27 1936

22. I HEREBY CERTIFY, That I attended deceased from March 12 1936 to Mar 27 1936
I last saw him alive on March 12 1936 Death is said to have occurred on the date stated above, at noon m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis & Degeneration	

Other contributory causes of importance:

Name of operation: 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?
If so, specify:
(Signed) J. H. Matthews, M. D.
(Address) Liberty, Mo