

MAY 18 1936

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

Do not use this space.

14191

1. PLACE OF DEATH

County Dunklin  
Township St. Joseph  
City St. Joseph

Registration District No. 85  
Primary Registration District No. 1001  
(No. 61 Valley St)

File No. \_\_\_\_\_  
Registered No. 591  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 61 Valley St., Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Julia A Montgomery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 12 1858</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>6</u>
	DAYS <u>7</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>✓</u>
	10. Date deceased last worked at this occupation (month and year) <u>✓</u>
	11. Total time (years) spent in this occupation <u>✓</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Dunklin Mo

FATHER 13. NAME Henry Montgomery

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Dunklin Mo

MOTHER 15. MAIDEN NAME Nancy Larnan

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Dunklin Mo

17. INFORMANT (ADDRESS)  
Theodore Longwell  
512 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Fallmore Mo DATE Apr 22 1936

19. UNDERTAKER (ADDRESS)  
Berry Apple

20 1936 John R. Benders  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1936

22. I HEREBY CERTIFY, That I attended deceased from November 34 1934 to April 19 1936

I last saw him alive on April 18 1936. Death is said to have occurred on the date stated above, at 3:20 a.m.

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

Pulmonary tuberculosis Date of onset ?

Other contributory causes of importance:  
Senility  
Auricular fibrillation

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) G. B. Hunt M. D.  
(Address) St. Joseph, Mo.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

v. 5

N. B. —  
CAUSE

20 FILED