JUN 27 1936

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

25183

V. S. No. 2.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County Schuyler
Township
City Queen City (No. , St. Ward)

Registration District No. 806
Primary Registration District No. 4485

File No.
Registered No.

FULL NAME John Carson Montgomery

(a) Residence. No. St., Ward. (If not resident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	widowed

6. MARRIED, WIDOWED, OR DIVORCED
(a) HUSBAND OF ~~[illegible]~~
(b) WIFE OF Margaret E. Montgomery

7. DATE OF BIRTH (MONTH, DAY AND YEAR) August 5, 1863

8. AGE			
YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
72	9	3	

9. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farming
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

10. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Schuyler County, Mo.

11. NAME OF FATHER James A. Montgomery

12. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Schuyler County, Mo.

13. MAIDEN NAME OF MOTHER Nancy Harland

14. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indianna

15. INFORMANT Una R. Montgomery
(Address) Queen City Mo.

FILED 6-10 1936 J. T. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1936

17. I HEREBY CERTIFY, That I attended deceased from July 4, 1935, to June 8, 1936 that I last saw him alive on June 8, 1936, and that death occurred, on the date stated above, at 9 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia

(duration) yrs. 11 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Enlarged Prostate

Don't Know (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? —

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) D. P. Grow M. D.

, 19 (Address) Queen City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Queen City Mo

DATE OF BURIAL June 10 1936

20. UNDERTAKER L. O. Young

ADDRESS Greentop Mo.

V. S. No. 2.

MARGIN RESERVED FOR BINDING

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

1. PLACE OF DEATH
County: Schuyler
Township
City: Queen City, (No. , St.
Registration District No.
Primary Registration District No.
File No.
Registered No.

2. FULL NAME John Carson Montgomery
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and St.
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos.

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: Margaret E. Montgomery
6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 5, 1863
7. AGE: Years 72 Months 9 Days 3 If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Schuyler County, Mo.

PARENTS
10. NAME OF FATHER: James A. Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Schuyler County, Mo.
12. MAIDEN NAME OF MOTHER: Nancy Harland
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Indiana

14. INFORMANT: Ina R. Montgomery
(Address): Queen City, Mo.
15. FILED, 19
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH. (MONTH, DAY AND YEAR)
17. I HEREBY CERTIFY, That I attended deceased from , 19, to
that I last saw h alive on , 19
death occurred, on the date stated above, at
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CONTRIBUTORY (SECONDARY)
(duration) yrs. mos.
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IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed)
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUS (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUIC HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL | DATE OF BUR
20. UNDERTAKER | ADDRESS