

SEP 9 1936

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

Do not use this space.

26269

1. PLACE OF DEATH

County Green Registration District No. 312
Township _____ Primary Registration District No. 2001
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 625

2. FULL NAME

Julia Palmer Montgomery
(a) Residence, No. _____ (Usual place of abode) _____
Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Hugh Montgomery</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 12, 1863</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>11</u>
	DAYS <u>19</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>Housewife</u>	
	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) <u>Vermont</u>		
FATHER	13. NAME <u>John Keller</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
	15. MAIDEN NAME <u>Lucy Brooks</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
MOTHER	17. INFORMANT (ADDRESS) <u>Hugh Montgomery Cassville Mo</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cassville Mo</u> DATE <u>7/23/36</u>	
	19. UNDERTAKER (ADDRESS) <u>Agnes Fisher Cassville Mo</u>	
	20. FILED <u>7-22-1936</u> <u>Dr Chas A George</u> Registrar	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/21, 1936

22. 7/1 HEREBY CERTIFY, That I attended deceased from 1926, to 7/21/36, 1936
I last saw her alive on 7/21, 1936 Death is said to have occurred on the date stated above, at 8:15 p.m.
The principal cause of death and related causes of importance were as follows:
arteriosclerosis nodular
Senility
hypertension
Date of onset many yrs ago
15 yrs

Other contributory causes of importance:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? Ch. M. A. Was there an autopsy? Yes

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) W. D. Miller, M. D.
(Address) Med. Coll. Mo

WHILE PRINTING, WITH OMPROING INK--THIS IS A PERMANENT RECORD

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.

