

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.

**DEC 28 1936**

40702

**1. PLACE OF DEATH**

County Clark  
Township Des Moines  
City                      (No.                      St.                      Ward                     )

Registration District No. 193  
Primary Registration District No. 5270

File No.                       
Registered No.                     

**2. FULL NAME**

Eva Montgomery

(a) Residence, No.                      St.                      Ward                       
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>(write the word)</i> <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF - (OR) WIFE OF <u>C. Y. Montgomery</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>March 22, 1854</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>8</u>	DAYS <u>0</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>Retired</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)  
Biggsville  
California

FATHER 13. NAME B. V. Rutherford

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Kentucky

MOTHER 15. MAIDEN NAME Mary Wright

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
not known

17. INFORMANT (ADDRESS)  
Mrs. Mary Spurgeon  
Wassland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE  
Dave Will Cemetery DATE Nov. 25 '36

19. UNDERTAKER (ADDRESS)  
H. P. Kircher  
Wassland, Mo.

20. FILED 11/28 '36 H. P. Kircher  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1936, to Nov 22, 1936  
I last saw him alive on Nov 22, 1936 Death is said

to have occurred on the date stated above, at 11 P., m.

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

Cancer of Stomach  
and malignant tumor  
of digestive tract

Other contributory causes of importance 40

Also Hemorrhage from  
the Stomach

Name of operation                      Date of                       
What test confirmed diagnosis? none 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) J. Johnson, M. D.  
(Address) Wassland, Mo.

