

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

Do not use this space.

41770

1. PLACE OF DEATH

DEC 28 1935

County

Township

City

*Lawrence*  
*North Vernon*

Registration District No.

Primary Registration District No.

*5480*  
*5483*

File No.

Registered No.

St.

Ward)

*127*

2. FULL NAME

(a) Residence, No.

(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.

*J. Marion Montgomery*  
*Edson Dr.*

(If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*M*

*wh*

*Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

*Mrs. M. Montgomery*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*2-27-1891*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*41*

*8*

*10*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Mechanic (Auto)*

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)

*Miller County*

FATHER MOTHER

13. NAME

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

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Elmer E. Montgomery*

*Indiana*

*Lena Hickney*

*Henry C. Mo*

17. INFORMANT (ADDRESS)

*Self*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19.

*Tulsa*

19. UNDERTAKER (ADDRESS)

*Fossett Funeral Home*  
*216 Union Mo.*

20. FILED

Nov. 7 1935

*P. A. Holmes*  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *11-7-36* 19

22. I HEREBY CERTIFY, That I attended deceased from

*8-14-35* 19... to *11-7-36* 19

I last saw him alive on *11-7-36* 19... Death is said

to have occurred on the date stated above, at *12:30* m. p.

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

*Pulmonary Tuberculosis*

Date of onset

*2/23*

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? *No*

If so, specify

(Signed) *Chester G. Mellies* M. D.

(Address)

*North Vernon*

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.

