

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

Do not use this space.

MAR 22 1937

1. PLACE OF DEATH

County Jackson Registration District No. 431
 Township Primary Registration District No. 5023
 City Warrensburg (No., St. Ward)

File No. 6912
 Registered No. 15

2. FULL NAME

Fannie Montgomery Smith
 (a) Residence, No. 503 Broad St., Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

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 F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jo H. Smith

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28. 1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>69</u>	<u>2</u>	<u>23</u>	

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

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) Marion (STATE OR COUNTRY) Ind.

13. NAME Jake A. Montgomery

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

15. MAIDEN NAME McClellan

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

17. INFORMANT Mrs Robert E. Smith (ADDRESS) 503 Broad St Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Feb 23 1937

19. UNDERTAKER W. F. Wilcox Funeral Service (ADDRESS) Warrensburg Mo.

20. FILED Feb. 22, 1937 Erna Dancy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-21-37, 1937, to 2-21-37, 1937

I last saw him alive on 2-21, 1937. Death is said to have occurred on the date stated above, at 2:20 P.m.

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

arterio Sclerosis Date of onset ?

Other contributory causes of importance: arterial Hypertension ?

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

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) Dr. F. W. Wilcox, M. D.
 (Address) Warrensburg Mo.

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.

OCCUPATION
FATHER
MOTHER

