

MAR 25 1937

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

Do not use this space.

7904

File No. 678

Registered No. _____

St. _____ Ward _____

1. PLACE OF DEATH
 94 County St. Francis Registration District No. 772
 Township St. Francis Primary Registration District No. 4463
 City Elvington (No. _____) St. _____ Ward _____

2. FULL NAME Andrew John Montgomery
 (a) Residence, No. _____ 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rachell Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 18 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>47</u>	<u>77</u>	<u>07</u>	<u>12</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
 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) Washington

FATHER
 13. NAME Dowl Montgomery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
 15. MAIDEN NAME Mary Deale
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francis Co

17. INFORMANT Mrs. Rachel Montgomery
 (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hamlet Cemetary DATE Feb 22, 1937

19. UNDERTAKER Snarks Funeral Co.
 (ADDRESS) Elvington

20. FILED 3-4 19 37 O. B. Ferraro
 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 Jan 1 - 19 36 to Feb 21 - 19 37
 I last saw him alive on 2:20 - 19 37. Death is said to have occurred on the date stated above, at 11:10 A.M.
 The principal cause of death and related causes of importance were as follows:
Influenza
Arteriosclerosis

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 F. W. Gale
 (Signed) Dismarsh - Mo, M. D.
 (Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

