

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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

County Knox
Township Burton
City Plevna (No. 2)

Registration District No. 447
Primary Registration District No. 17268

File No. 20481
Registered No. -
St. - Ward -

2. FULL NAME

(a) Residence, No. John T. Montague 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 29 1852

7. AGE YEARS 84 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

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

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)

13. NAME James T. Montague

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

15. MAIDEN NAME Letha Hendron

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

17. INFORMANT Harbor Montague (ADDRESS) Plevna Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Wm. Salem DATE May 19 1937

19. UNDERTAKER Harold Fisher (ADDRESS) Plevna Mo.

20. FILED June 10 1937 Frank Baldwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1937

22. I HEREBY CERTIFY That I attended deceased from April 1936 to May 18 1937. Last saw him alive on May 16 1937. Death is said to have occurred on the date stated above, at - m.

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

Cardiovascular-Renal disease Date of onset April 11 1937

Other contributory causes of importance:

Name of operation ns 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? -
If so, specify -
(Signed) E. O. Holmes, M. D.
(Address) Newark 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.

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