

OCT 23 1937

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

Do not use this space.

34985

## 1. PLACE OF DEATH

County PettisRegistration District No. 668File No. 272274

Township.....

Primary Registration District No. 3032Registered No. 668City Sedalia(No. 1202 S. Lamine)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Nellie Montgomery(a) Residence, No. 1202 S. Lamine

St. \_\_\_\_\_ Ward \_\_\_\_\_

(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

Female

4. COLOR OR RACE

White

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

Widowed

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

Thomas Montgomery6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 5, 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hrs. or .....min.

82 82 0 20

OCCUPATION

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) (STATE OR COUNTRY)

Missouri

MOTHER FATHER

13. NAME

E. Wallis Lewis

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

Virginia

15. MAIDEN NAME

Rebecca Randolph

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

New Jersey

17. INFORMANT (ADDRESS)

Mrs. Nell Montgomery, Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown HillDATE Sept. 28, 1937

19. UNDERTAKER (ADDRESS)

Gillespie Funeral Home, Sedalia, Mo.

20. FILED

9-27-1937Jernstuck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 25, 193722. I HEREBY CERTIFY, That I attended deceased from June 8<sup>th</sup> 1937, to Sept 25<sup>th</sup> 1937I last saw her alive on Sept 25<sup>th</sup> 1937 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Cerebral hemorrhage Date of onset June 1937

Other contributory causes of importance:

Bed sores June 1937

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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) Ward Bohling, M. D.(Address) Sedalia, 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.

