

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.

NOV 23 1937

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
 Township St. Francois
 City Flat River (No. 1)

Registration District No. 774
 Primary Registration District No. 4465

38692
 733

File No. 38692
 Registered No. 733
 St. _____ Ward _____

2. FULL NAME

Other 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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 35 0 28

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Auto

10. Date deceased last worked at this occupation (month and year) 7/20 11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois

13. NAME James G Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Francois Mo

15. MAIDEN NAME Winona Postalwait

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

17. INFORMANT Winona Montgomery (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hamilton DATE 11-7 1937

19. UNDERTAKER Gas Wiesner (ADDRESS) FLAT RIVER MO

20. FILED 11/5 1937 C B Ferrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 1 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-18- 1937 to 10-18- 1937

I last saw him alive on 10-18- 1937. Death is said

to have occurred on the date stated above, at 10: A. m.

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

Pulmonary tuberculosis Date of onset _____
Tuberculous meningitis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? W

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 None

(Signed) Paul J. Schrader, M. D.
 (Address) Flat River, Mo.

