

JAN 19 1938

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

Do not use this space.

45844

File No. _____
Registered No. 32
St. _____ Ward _____

1. PLACE OF DEATH

County Lewis
Township _____
City Marionville (No. _____)

Registration District No. 468
Primary Registration District No. 4281

2. FULL NAME

Samuel Henderson 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 Elizabeth Montgomery

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1840

7. AGE YEARS 97 MONTHS 6 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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

13. NAME Benjamin C Montgomery

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

15. MAIDEN NAME Margaret Moore

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

17. INFORMANT (ADDRESS) G. S. Montgomery
Marionville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olive Cem DATE Dec 22 37

19. UNDERTAKER (ADDRESS) Bradford Funeral Home
Marionville, Mo.

20. FILED Jan 16 1938 Raissa O. Conrady
Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 15 1937 to Dec 21 1937, 1937
I last saw him alive on Dec 20 1937, 1937 Death is said to have occurred on the date stated above, at 2 a m.
The principal cause of death and related causes of importance were as follows:
Senility

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? _____
If so, specify _____

(Signed) W. M. Stabines, M. D.

(Address) Marionville, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

