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.

REC'D APR 9 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Cooper
Registration District No.: 218
Primary Registration District No.: 3015
File No.: 10553
Registered No.: 32
Township:
City: Boonville (No. ..., ... St. ..... Ward)

2. FULL NAME: Mrs Lizzie Montgomery. 532.
(a) Residence, No.: 1123 Main St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Black.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John C. Montgomery
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 14th 1865
7. AGE: Years 73 Months 1 Days 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
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): Boonville Mo.

FATHER
13. NAME: Louis Jackson.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS): John C. Montgomery Boonville, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: City Cemetery DATE: March 25 1938
19. UNDERTAKER (ADDRESS): Goodman & Boller Boonville, Mo.
20. FILED: Mar 23 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 22 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb. 2 1938, to Mar. 22, 1938
I last saw her alive on 3-22, 1938. Death is said to have occurred on the date stated above, at 11 45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of intestine (part unknown)	?

Other contributory causes of importance: +6'

Name of operation: None Date of: No
What test confirmed diagnosis? Clinical 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) [signature], M. D.
(Address) Boonville, Mo.