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 MAY 16 1939

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

14650
Do not use this space.

1. PLACE OF DEATH
(a) County Clinton 2 Registration District No. 204
(b) Township 1 Primary Registration District No. 3013 Registered No. 19
(c) City Cameron (d) Street No. 400 West 2nd. St. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

532

2. PRINT FULL NAME Kittie Montgomery
(a) Residence, No. 400 West 2nd. St. Cameron Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Lawrence Montgomery.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE: About 51 YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
9. Industry or business in which work was done, as 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) Cameron Clinton Co. Mo. 0

FATHER
13. NAME Dudley Wilson 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky. 9

MOTHER
15. MAIDEN NAME Serena Stephens. 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Lawrence Montgomery 931 Michigan R C Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Packard Cem. DATE Apr. 4th. 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. W. Poland Cameron

20. FILED 4/4 1939 Dr C. A. Ridley Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April, 1, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1939, to April 1, 1939
I last saw her alive on April 1, 1939. Death is said to have occurred on the date stated above, at 8:15 P.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset

Other contributory causes of importance: Influenza 110

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) [signature], M. D.
185 (Address) Cameron Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11
District File Number 39-471
Date Filed MAY 8 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Arthur H. Doolen, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Arthur H. Doolen

Licensed Embalmer No. 4032

P. O. Address Cameron, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.