

OCT 21 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County ButlerTownship Beaver DamCity Poplar Bluff, Mo.Registration District No. 87-Primary Registration District No. 5129File No. 31988Registered No. 82. FULL NAME 532 William Marion Montgomery(a) Residence, No. Rt. Poplar Bluff, Mo. St. Mo. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hra. or .....min.  
83 5 17

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) Galipolis (STATE OR COUNTRY) Ohio

13. NAME John R.P. Montgomery

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

15. MAIDEN NAME Rachel Woods

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

17. INFORMANT Mrs. Montgomery (ADDRESS) Poplar Bluff, Mo. Rt.

18. BURIAL Cremation PLACE Montgomery DATE Oct. 1, 1939

19. UNDERTAKER Greer-Croy Service (ADDRESS) Poplar Bluff, Mo.

20. FILED Oct-1-1939 Springton Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19 Death is said

to have occurred on the date stated above, at 10:45pm

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

Date of onset

Myocarditis  
121  
Chronic Nephritis

Other contributory causes of importance:

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?

If so, specify

(Signed) Greer W. Greer M. D.(Address) Poplar Bluff

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

MARGIN RESERVED FOR ENDORSING

V. S. NO. 2

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