

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

32831
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence ³ Registration District No. 470
 (b) Township Mt. Vernon Primary Registration District No. 5-1a-33 Registered No. 132
 (c) City Mt. Vernon (d) Street No. Missouri State Sanatorium 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 1 yrs. 20 mo. (f) How long in U. S., if of foreign birth? yrs. mo. ds.

2. PRINT FULL NAME Nathan Montgomery, Jr.

(a) Residence, No. Kinlock, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
26 8 7

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 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) April 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mobile
Alabama

FATHER 13. NAME Nathan Montgomery

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

MOTHER 15. MAIDEN NAME Minnie Session

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

17. INFORMANT E. McMichael, Record Clerk
 (ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL PLACE Kinlock, Mo. DATE Sept 23, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Jessie Funeral Home
121 Vernon, Mo.

20. FILED Sept 23, 1939 P. A. Holmes
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4, 1938, to Sept. 23, 1939

I last saw him alive on Sept. 22, 1939. Death is said to have occurred on the date stated above, at 5:45 a. m.

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

Pulmonary Tuberculosis Date of onset 1937

Other contributory causes of importance: 22

Name of operation _____ Date of _____
 What test confirmed diagnosis? infantum 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? no

If so, specify _____ (Signed) _____, M. D.

(Address) Mt. Vernon, Mo.

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.

RECEIVED

District Health Officer No. 6,

District Number 1039-1476

Date filed OCT 5 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, or by.....

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

Signed Mrs. H. D. Fossett

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon, N.

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.