

OCT 13 1939

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

33674

Do not use this space.

## 1. PLACE OF DEATH

(a) County Shelby Registration District No. 833  
(b) Township Dayton Primary Registration District No. 6096 Registered No. ....  
(c) City ..... (d) Street No. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number) St. ....  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

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

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Montgomery  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11 - 18 56  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
82 11 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming  
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) Louisville (STATE OR COUNTRY) Ky

FATHER 13. NAME Pearson Montgomery  
14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME no record  
16. BIRTHPLACE (CITY OR TOWN) no record (STATE OR COUNTRY) no record

17. INFORMANT Audley Montgomery (ADDRESS) Lewards, Mo

18. BURIAL, CREMATION, OR REMOVAL burial PLACE Hagers Grove DATE Mar-8-1939

19. FUNERAL DIRECTOR E. P. Thompson (ADDRESS) Shelbyville, Mo.

20. FILED March 7, 1939 E. N. Leonard Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-6-1939

22. I HEREBY CERTIFY, That I attended deceased from March 6, 1939, to March 6, 1939  
I last saw him alive on March 6, 1939. Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset March 6, 1939  
J. W.

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? Clinical as 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) E. N. Leonard, M. D.  
(Address) Lewards, Mo

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

**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.)**