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

Do not use this space.

34596

1. PLACE OF DEATH
County St. Francois — Registration District No. 773
Township St. Francois — Primary Registration District No. 6018A
City Near Farmington (No. ..... St. ..... Ward) — File No. ..... Registered No. 144

2. FULL NAME Houston Montgomery
(a) Residence. No. State Hospital # 4 St., ... Ward. Eulin, Mo. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred ..... yrs. ..... mos. 15 ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mamie Montgomery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-4-1846

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	81	11	6	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ala.

PARENTS
10. NAME OF FATHER Unknown John Montgomery
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT Hospital Records- (Address) Farmington, Mo.

15. FILED 10-11-28 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-10 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 25 1928 to 10-10 1928, that I last saw h.im alive on 10-10 1928 and that death occurred, on the date stated above, at 2.45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis
93D
162 (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Senile debility
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH? .....
O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical.
(Signed) C. S. Tarr, M. D
10-11-1928 (Address) Hosp. # 4 Farmington Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Pollard Ark. — DATE OF BURIAL Oct 13 1928

20. UNDERTAKER Phelps Und Co — ADDRESS Poplar Bluff 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.

THIS IS A PERMANENT RECORD