

OCT 28 1930

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

Do not use this space.

1. PLACE OF DEATH

County Barry
Township Monett
City..... (No.....).....

Registration District No. 30
Primary Registration District No. 5040

File No. 29057
Registered No. 07
St. Ward)

2. FULL NAME

Washington Montgomery
(a) Residence. No. St. Ward. 0
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF May E Montgomery

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23 1843

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
86 9 20

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) Ohio

10. NAME OF FATHER Wm Montgomery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Abelie Squash

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT Oscar Higgins (Address) Monett Mo

15. 9/14 1930 W.M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 14 1930 to Sept 13 1930 that I last saw h. live on Sept 12 1930, and that death occurred, on the date stated above, at 8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Information given

1118
165 (duration) several mos. da.

CONTRIBUTORY hypertensive pulmonary (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHICH TEST CONFIRMED DIAGNOSIS Physicent finding (Signed) J.M. Kell, M.D.

(Address) Monett 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 New Site DATE OF BURIAL 9/14 1930

20. UNDERTAKER Callaway's ADDRESS Monett

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.

