B 22 1929

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

Do not use this space.

2477

1. PLACE OF DEATH
County Marion — Registration District No. 548 — File No.
Township Liberty — Primary Registration District No. 4323 — Registered No. 3
City Palmyra (No. County Infirmary St. Ward)

2. FULL NAME John Montgomery
(a) Residence. (Usual place of abode) No. County Infirmary St. Ward. (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: Male
4. COLOR OR RACE: White
5. ~~Single, Married~~, Widowed ~~or Divorced (with the word)~~: Widower

5A. ~~If Married~~, Widowed, ~~or Divorced~~ HUSBAND OF ~~(or) WIFE OF~~ Sarah Montgomery Dec.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 3 - 1843

7. AGE: 85 Years — Months: 1 — Days: 8 — If LESS than 1 day, ___ hrs. or ___ min.

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

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9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

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

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14. INFORMANT: J. H. Settles
(Address) Palmyra Mo.

15. FILED 1/11, 1929 Shepford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1929, to Jan 11th, 1929, that I last saw him alive on Jan 10th, 1929, and that death occurred, on the date stated above, at 9:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
9.30
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 9.00
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Dont know
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) N. C. Oneal, M.D.
1/12, 1929 (Address) Palmyra 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: Hannibal Mo — DATE OF BURIAL: J. 14 1929

20. UNDERTAKER: Wm M. Smith — ADDRESS: Hannibal 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.