

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.

22 1932

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

Do not use this space.

19016

1. PLACE OF DEATH
24 County Clay Registration District No. 198
2 Township Fishing River Primary Registration District No. 3011
4 City Excelsior Sprgs (No. _____ St. _____ Ward _____)
2. FULL NAME Mr Francis Montague
(a) Residence, No. 314 West Excelsior St. _____ Ward. Northplatte Nebr.
(Usual place of abode) (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.

File No. _____
Registered No. 78
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1870
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 — — — — —
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, 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) (STATE OR COUNTRY) Unknown
FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT W. R. Koloney
(ADDRESS) Northplatte Nebr.
18. BURIAL, CREMATION, OR REMOVAL PLACE Northplatte Nebr. DATE June 9, 1932
19. UNDERTAKER John C. Prather
(ADDRESS) Excelsior Springs Mo
20. FILED 678, 1932 Y. O. Craven
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 8, 1932
22. I HEREBY CERTIFY That I attended deceased from June 6, 1932 to June 7, 1932
I first saw him alive on June 7, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Acute Dilation of Left Heart
Chronic Myocarditis
Sublethal nephritis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No
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) W. J. James, M. D.
(Address) St. Joseph, Mo.

