

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

Do not use this space.

20301

**1. PLACE OF DEATH**

County Newton Registration District No. 414  
Township Grandby Primary Registration District No. 4555  
City Grandby (No. ....) St. .... Ward)

File No. 22  
Registered No. 32  
St. .... Ward)

**2. FULL NAME**

(a) Residence. No. Grandby Mo. St. .... Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Tom Sneed

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1861-8-30

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
70 9 27

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

9. BIRTHPLACE (CITY OR TOWN) Madison Co. (STATE OR COUNTRY) Arkansas

10. NAME OF FATHER John Montgomery

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

12. MAIDEN NAME OF MOTHER Lucinda Perry

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

14. INFORMANT Tom Sneed (Address) Grandby Missouri

15. FILED 6-28 1932 D. F. Ralens REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 27 1932

17. I HEREBY CERTIFY, That I attended deceased from Apr 1, 1932, to June 27, 1932 that I last saw her alive on June 27, 1932 and that death occurred, on the date stated above, at 10 A.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
chronic myocarditis

466 (duration) 7 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) possibly Coronary of heart (duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRACTED ①  
IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? PC Lenson, M. D.  
(Signed) .....

6/27, 1932 (Address) noches 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 Grandby DATE OF BURIAL June 28 1932

20. UNDERTAKER Fairview Funeral Home ADDRESS Fairview 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.

26 1932

WHILE PLACING WITH UNLOADING INSTRUMENTS IS PERMITTED RECORD

