

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

Do not use this space.

23275

1. PLACE OF DEATH

County Jackson  
Township North  
City North

Registration District No. ....

Primary Registration District No. 6624 E. 12th St. Terrace

File No. ....  
Registered No. 2019  
St. .... Ward)

2. FULL NAME

Walter James Montgomery

(a) Residence, No. 6624 E. 12th St. Terrace Ward. ....  
(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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georgia Wampler Montgomery  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26, 1917  
7. AGE YEARS 58 MONTHS 1 DAYS 0 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery  
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) McLeary Kansas

13. NAME James Montgomery

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Galena Kansas

15. MAIDEN NAME Wampler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Georgia Montgomery 6624 E. 12th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Moriah DATE 7-29 1935

19. UNDERTAKER (ADDRESS) Eglar Funeral Home 15. E. 12th St. Mo.

20. FILED 7-29 1935 M. M. Crowe, Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935  
22. I HEREBY CERTIFY, that I attended deceased from Jan 10, 1935 to July 26, 1935  
I saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at 3:30 p. m.  
The principal cause of death and related causes of importance were as follows:

Acute nephritis  
572  
Other contributory causes of importance:  
Arterio sclerosis

Name of operation ..... Date of .....  
What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury ..... 19.....  
Where did injury occur? No  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury No  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....  
If so, specify Essential Nephrosis, M. D.  
(Signed) Essential Nephrosis  
(Address) 652 Woodford St.

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.

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Dr. James W. Lawrence  
Board of Trade Bldg

Dear Sir,  
I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above matter and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,  
Yours truly,  
James W. Lawrence

Very truly,  
James W. Lawrence  
Secretary

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