SEP 9 1936

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

Do not use this space.

File No. 26315

Registered No. 605

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township Campbell — Primary Registration District No. 5440

City ~~Springfield~~ (No. U.S. Hosp for Defective Del St. Ward)

2. FULL NAME Carlos Montoya

(a) Residence, No. St., Ward. Magdelana, N. Mex.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Mexican	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lola Montoya

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4 - 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
38	38	10	12	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Unknown

11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Mexico

FATHER

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Mexico

MOTHER

15. MAIDEN NAME Pavadan Balaska Montoya

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Mexico

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallup N Mex DATE 7-16-36

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri.

20. FILED 7-18-1936 O. Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 14, 1936 to July 16, 1936

I last saw him alive on July 16, 1936 Death is said to have occurred on the date stated above, at 11:45 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	7-14-36

95-(-2

Other contributory causes of importance:

1. Chronic Rheumatic Heart Disease
2. Cerebral hemorrhage with hemiplegia

Name of operation None 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) E. W. Green, Asst. Surgeon, M. D.

(Address) Clinical Dir. U.S. Hosp. for Defective Delinquents, Springfield, 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.