

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

Do not use this space.

33146

**1. PLACE OF DEATH**

County Caloway  
Township  
City Fulton

Registration District No. 104  
Primary Registration District No. 3008

File No. \_\_\_\_\_  
Registered No. 210  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Montgomery Parr

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. Centerton Cole Co Mo  
(Usual place of abode)  
(If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. 36 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)**

Widower

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

**7. AGE**

77

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer & Merchant  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Mo

**10. NAME OF FATHER**

DK

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

DK

**12. MAIDEN NAME OF MOTHER**

DK

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

DK

**14.**

INFORMANT Hospital records  
(Address)

**15.**

Oct 8, 1929 R. N. Crews  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Oct 6 1929

**17.** I HEREBY CERTIFY, That I attended deceased from Sept 16, 1929, to Oct 6, 1929, that I last saw him alive on Oct 6, 1929, and that death occurred, on the date stated above, at N 28-a m.

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

Arteriosclerosis 97  
162

**CONTRIBUTOR (SECONDARY)**

AB  
Embryly

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) D. D. Adams, M. D.  
, 19... (Address) Fulton 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** **DATE OF BURIAL**

Centerton Mo 10/10 1929

**20. UNDERTAKER**

Wynmore & Gordon JE Mo  
ADDRESS

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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PARENTS

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