

County Bath  
Vet. Post Salt Lick Registration District No. 12  
Inn. Town \_\_\_\_\_ Primary Registration District No. 4085  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give the NAME instead of street and number)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2 FULL NAME Wm Montgomery  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)  
How long in U.S. if foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX Male 4 COLOR OR RACE white 5 Single Widowed  
Married, Widowed, or Divorced (Write the word)  
6a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
7 DATE OF BIRTH May 2 1955  
(Month) (Day) (Year)  
8 AGE 76 yrs. 5 mos. 9 ds. If less than 1 day..... hrs or..... min?  
9 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work Farmer  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH  
10 DATE OF DEATH October 11 1931  
(Month) (Day) (Year)  
11 I HEREBY CERTIFY, that I attended deceased from 9/9 1931 to 9/27 1931, that I last saw him alive on 9/27 1931 and that death occurred on the date stated above at 12:20 p.m.  
The CAUSE OF DEATH\* was as follows:  
Inflammatory Rheumatism  
Heart  
56  
(Duration) yrs. 1 mos. 2 ds.  
Contributory (Secondary) Rid sore  
(Duration) yrs. 10 ds.

10 BIRTHPLACE (city or town) Kentucky  
(State or country)  
PARENTS  
10 NAME OF FATHER Simon Montgomery  
11 BIRTHPLACE OF FATHER (city or town) Kentucky  
(State or country)  
12 MAIDEN NAME OF MOTHER Aggie Sizemore  
13 BIRTHPLACE OF MOTHER (city or town) Kentucky  
(State or country)

12 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) H. Alexander M. D.  
10/18 1931. (Address) Salt Lick Ky

14 (Informant) John Montgomery  
(Address) Salt Lick Ky  
15 Filed 10-11-31 Dr. H. H. Myers Registrar

16 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL Oct 18 1931  
UNDERTAKER Barney Horreman ADDRESS Salt Lick Ky

REMARKS REFERENCED FOR RECORD  
WRITE PLAC WITH UNFADING INK.—THIS IS A PERM RECORD  
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. See instructions on back of certificate.