

**CERTIFICATE OF DEATH**  
**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

State File No. 8137  
Registered No. 168

1. PLACE OF DEATH  
(a) County Quinnipiac Registration district No. 2060 (For reg. use)  
(b) Magisterial district  
(c) City or town Petersburg  
(d) Name of hospital or institution Petersburg Hospital  
(e) Length of stay in hosp. or inst. 2 hrs. In this community 3 hrs. (Specify whether years, months, or days)  
(f) Is place of death within corporate limits? Yes

2. USUAL RESIDENCE OF DECEASED  
(a) State California  
(b) County  
(c) City or town Los Angeles  
(d) Street No. 48 E 117th Street  
(e) Is place of residence within corporate limits? Yes  
(f) If foreign birth, how long in U. S. At 0910 Years

(a) FULL NAME Alvin Otter Montgomery Jr  
(b) If veteran, name war \_\_\_\_\_ (c) Social security number None (Answer only if card is available)

MEDICAL CERTIFICATION  
20. Date of death April 26th 1942 at 9:30 P.M.  
by name James O. Young (Day) (Year) (Hour)

Sex Male 5. Color or race White 8. (a) Single, married, widowed, divorced, Married  
b. Name of husband \_\_\_\_\_ of wife \_\_\_\_\_

21. I hereby certify that I received the deceased from April 26 1942 to \_\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_; and that death occurred on the date and hour stated above.

Date of birth of deceased July 3 - 1920 (Month by name) (Day) (Year)

Immediate cause of death Shock Duration \_\_\_\_\_

Age: Years 21 Months 9 Days 23 If less than one day \_\_\_\_\_ hours \_\_\_\_\_ min. \_\_\_\_\_

Due to multiple injuries to body  
Due to auto mobile accident

Birthplace Carlsbad New Mexico (City, town, or county) (State or foreign country)

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)

Trust occupation Base Ball player

Name of operation 170C-8 Physician \_\_\_\_\_

Industry or business \_\_\_\_\_

Date of operation \_\_\_\_\_ Major findings: (a) of operations \_\_\_\_\_

12. Name Alvin Montgomery

(b) of autopsy \_\_\_\_\_

13. Birthplace Beaumont Texas (City, town, or county) (State or foreign country)

14. Maiden name Lattie O. Holcomb

15. Birthplace Oklahoma (City, town or county) (State or foreign country)

a. Informant's own signature George E. Young

22. If death was due to external causes fill in the following:  
(a) Accident, suicide, or homicide (specify) accident

b. Address 54 Wells St

(b) Date of occurrence April 26 - 1942

c. Date May 1 - 1942 (Month by name) (Day) (Year)

(c) Where did injury occur? Duress Virginia (City or town) (County) (State)

d. Signature of Harcom Funeral Home

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway While at work 4

e. Date received by reg. April 27, 1942 (Local deputy, or sub-registrar's own signature)

(e) Means of injury collision of automobile

23. Signature S. E. Metcalf M. D., Cor. over  
Address Petersburg Virginia Date signed 4/26/42

POB - PETERSBURG, VA.  
DOD - APRIL 26, 1942  
DOB - JULY 3, 1920  
POB - CARLSBAD, N.M.

HARCUM FUNERAL HOME  
WAVERLY, -