

## PLACE OF DEATH

County Jackson

Township \_\_\_\_\_

or

Village \_\_\_\_\_

or

City Kansas City(NO. 1410 Indiana Ave.

St. \_\_\_\_\_

Ward \_\_\_\_\_

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

399

1347

Registration District No. \_\_\_\_\_

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

Primary Registration District No. 1002Registered No. 171

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William David Armstrong

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) Married

DATE OF BIRTH

January 23, 1847  
(Month) (Day) (Year)

AGE

65 yrs. 11 mos. 21 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

OCCUPATION

(a) Trade, profession, or particular kind of work Coal Dealer

(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_

BIRTHPLACE

(City or town, State or foreign country) Kentucky

NAME OF FATHER

David Armstrong

BIRTHPLACE OF FATHER

(City or town, State or foreign country) Kentucky

MAIDEN NAME OF MOTHER

Unknown

BIRTHPLACE OF MOTHER

(City or town, State or foreign country) Unknown

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) P. D. Armstrong(ADDRESS) 3803 Wabash

JAN 15 1913

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REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

January 14th<sup>3</sup>  
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Jan 6<sup>th</sup> 1913, to Jan 14<sup>th</sup> 1913, that I last saw h alive on Jan 14, 1913, and that death occurred, on the date stated above, at 7:30 p.m.

The CAUSE OF DEATH\* was as follows:

acute indigestion & dilatation of the heartContributory Myocarditis  
(Duration) 13 hrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) O. C. Foster, M. D.  
Jan. 15, 1913 (Address) Kansas City, Mo.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Where was disease contracted if not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL

Sweet Springs Mo.

DATE OF BURIAL

Jan. 17th. 1913

UNDERTAKER

P. W. Newcomer

ADDRESS

2109 E 9th.

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.

