

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

Do not use this space.

9811

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis Mo.** (No. **Peoples Hospital**)

File No. ....  
 Registered No. **2072**  
 St. .... Ward

**2. FULL NAME**

**Eugene Armstrong**  
 (a) Residence No. **1447 N. West** **Bellevue** **West 11**  
 (Usual place of abode)

Length of residence in city or town where death occurred **6** yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct. 26-1906**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ....hra. or ....min.  
**20 4 9**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **Labour**  
 (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) **Sherman Miss.**

10. NAME OF FATHER **Rebin Armstrong**

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

12. MAIDEN NAME OF MOTHER **Amela Johnson**

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

14. INFORMANT (Address) **Harrison Armstrong**  
**Y.M.C.A. Caring Pine**

15. FILED (Address) **manl Starke off**  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **3/5 1927**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19....., and that I last saw him ..... alive on ..... 19....., and that death occurred, on the date stated above, at **1-00 P.** m.

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

**Stroke & Burns**  
**due to coming in contact**  
**with high tension Electric Wire**  
**1013** (duration) yrs. mos. ds.

CONTRIBUTORY **Accident** (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH **1906**

8 DID AN OPERATION PRECEDE DEATH DATE OF ..... WAS THERE AN AUTOPSY? WHAT TEST CONFIRMED DIAGNOSIS **H. W. Fath**

3/7 (Signed) **H. W. Fath** (Address) **Deputy Coroner**  
 \*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

**Hubelo, Miss,** **Mar. 9th, 27**

20. UNDERTAKER **A. L. Beal** ADDRESS **2726 Lucas Ave.**

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.

RECORDING INSTRUMENTS IS A PERMANENT RECORD

