

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

Do not use this space.

19495

**1. PLACE OF DEATH**

County.....  
Township.....  
City..... (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **5178**  
St. .... Ward)

**2. FULL NAME**

*Hattie Armstrong*

(a) Residence. No. **2817 Cottage St. 11** Ward.

(Usual place of abode) (If nonresident give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

*Female White Single*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Sept 5 - 1884*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>42</i>	<i>9</i>	<i>27</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work *Seamstress*  
(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) *St. Louis*

10. NAME OF FATHER *Robert Armstrong*

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

12. MAIDEN NAME OF MOTHER *Elise Joyce*

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

14. INFORMANT *Maurice Armstrong*  
(Address) *3547 Utah St*

15. FILED *UN - 3, 1927* *Mark Starckoff*  
REGISTERED

**MEDICAL CERTIFICATE OF DEATH**

**3**  
16. DATE OF DEATH (MONTH, DAY AND YEAR) *6 - 2 - 1927*

17. I HEREBY CERTIFY That I attended deceased from *Oct 1926* to *June 27 1927* that I last saw him alive on *June 2 1927* and that death occurred, on the date stated above, at *5A* m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

*Cancer Liver*  
*46* (duration) yrs. *3* mos. ds.

CONTRIBUTORY (SECONDARY) *Cancer Breast (Right)*  
(duration) *1* yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? *Yes* DATE OF *1926*  
WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? *Chemical*  
(Signed) *R. C. Kamin*, M. D.  
(Address) *W. W. Moore, Bldg*

\*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 *Calvary* DATE OF BURIAL *6-4 1927*

20. UNDERTAKER *Mrs. K. P. Kamin cor 3039 Eastern*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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