

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

Do not use this space.

20707

1. PLACE OF DEATH

County Buchanan
Township ..
City St. Joseph.

85
Registration District No.
Primary Registration District No. 1001
Missouri Methodist Hospital.

File No.
Registered No. 726
St. Ward)

2. FULL NAME William Martin Armstrong.

(a) Residence. No. St., Ward, Auburn Nebraska.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 5, 1872.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 6 13

8. 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)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Auburn.
(STATE OR COUNTRY) Nebraska.

PARENTS

10. NAME OF FATHER George Armstrong.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.
12. MAIDEN NAME OF MOTHER Elizabeth Gillard.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) England.

14. INFORMANT Mrs. Mary Armstrong.
(Address) Auburn Nebraska.

15. FILED 18 1927
John G. [Signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 19 27

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1927, to July 18, 1927, that I last saw h. in live on July 18, 1927, and that death occurred, on the date stated above, at 12:30 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

intestinal obstruction following sub-total gastrectomy & appendectomy

CONTRIBUTORY (SECONDARY) 718 B 2
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: ✓

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7/13/27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) C. S. Wallace, Jr., M. D.

718, 1927 (Address) St Joseph Mo.

*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 Auburn Nebraska. DATE OF BURIAL July 18 19 27

20. UNDERTAKER H. O. Sidenfaden. ADDRESS 1802 Union St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. INFORMATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

