SEP 30 1927

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

Do not use this space.

25250

1. PLACE OF DEATH
County Ripley
Township Tibbeca
City ..... (No. ..... St. ..... Ward)

Registration District No. 75-1
Primary Registration District No. 5-990

File No. 176
Registered No. 19

2. FULL NAME Ida Apple Armour
(a) Residence. No. ..... St., ... 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 f
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 Chester Armour

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 31, 1907

7. AGE 19 YEARS 7 MONTHS 22 DAYS If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Gamburg
(STATE OR COUNTRY) Ripley Co, Mo

PARENTS
10. NAME OF FATHER Franklin Green
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Gamburg
(STATE OR COUNTRY) Ripley Co. Mo.
12. MAIDEN NAME OF MOTHER Mattie Walker
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gamburg
(STATE OR COUNTRY) Ripley Co. Mo.

14. INFORMANT Emma K. Green
(Address) Naylor Mo

15. FILED 9/25 1927 H. Everhart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23, 1927

17. I HEREBY CERTIFY, That I attended deceased from 8-3-27, 8-23-, 1927, to 8-23-, 1927 that I last saw her alive on 8-23-, 1927, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Pneumonia [illegible]

5 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Malarial Fever [illegible] (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) W. H. Bunnie, M. D
[illegible] 1928 (Address) Naylor 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 Fair dealing Ce
DATE OF BURIAL Aug 24 1927

20. UNDERTAKER Mrs. Gish
ADDRESS Naylor Mo

N. B.—Every item of information should be carefully [illegible] state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I

B

(

B

I

C

ticular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Ida Opie Armour

Who died at: Ripley Co. on Aug. 23, 1927

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years ____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Pneumonia Lobar

Contributory: Malaria & Lodine Poisoning

Where was disease contracted? Delearium Suicide

Did operation precede death? _____ Date of _____

166

THIS IS A PERMANENT RECORD

S-25250