

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles
Township Calhoun
City Wentzville

Registration District No. 759
Primary Registration District No. 6000

25267

File No. _____
Registered No. 18
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Wentzville St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 30 yrs. mos. _____ da. _____ How long in U.S., if of foreign birth? yrs. _____ mos. _____ da. _____
(If nonresident give city or town and State)

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

Julia Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 23, 1847

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

79

7

17

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) (STATE OR COUNTRY)

Don't know
New Jersey

10. NAME OF FATHER

Julius Armstrong

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

Don't know

12. MAIDEN NAME OF MOTHER

Nyce

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

Don't know
Pennsylvania

14.

INFORMANT (Address)

Eddie Armstrong
Wentzville Mo

15.

FILED

Aug 10, 1927
O. C. Mullen
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 9 1927

17.

I HEREBY CERTIFY, That I attended deceased from July 27, 1927, to Aug 9, 1927, that I last saw him alive on Aug 6, 1927, and that death occurred, on the date stated above, at 5-AM

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcema - of food

CONTRIBUTORY (SECONDARY)

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? No

(Signed) J. Richardson, M. D.

8/9, 1927 (Address) Wentzville Mo

*State the DISEASE CAUSING DEATH, or if death 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

Wentzville Mo

Aug 10 1927

20. UNDERTAKER

ADDRESS

P. Pitman

Wentzville, Mo

