

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

Do not use this space.

26730

1. PLACE OF DEATH

County Cass
Township Shannon
City Harrisonville (No.)

Registration District No. 156
Primary Registration District No. 4090

File No.
Registered No. 34
St. Ward)

2. FULL NAME

Edward H Armstrong

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

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

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

Marvel Lloyd Armstrong

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

April 5, 1888

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ... hrs. or min.

39

4

27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Hardiman Mch.

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Bates Co. Mo.

10. NAME OF FATHER

John B Armstrong

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Cass Co. Missouri

12. MAIDEN NAME OF MOTHER

Blanche Harrison

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Bates Co. Missouri

14. INFORMANT

(Address)

S.M. Armstrong
Butler, Mo.

15. FILED

9/5 27 S.A. Long

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

9/4 1927

17.

I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
that I last saw h. alive on 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide - Gun shot in right temple just above right ear

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Frank E. Rumsberger, M.D.
, 19 (Address) Harrisonville, 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

Walc Hill - Butler, Mo.

DATE OF BURIAL

Sept 7 1927

20. UNDERTAKER

Calveris

ADDRESS

Butler Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

