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

Do not use this space.

7690

1. PLACE OF DEATH
County Barry Registration District No. 30
Township Primary Registration District No. 3003
City Monett (No. , St. Ward)
File No.
Registered No. 26

2. FULL NAME Clarence D. Armstrong
(a) Residence. No. 508-6th 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~: Mrs Bessie Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 29 1887

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	40	11	14	

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

9. BIRTHPLACE (CITY OR TOWN): Pyrmont
(STATE OR COUNTRY): Kans.

PARENTS

10. NAME OF FATHER: Thos. H. B. Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Stella B. Shaffer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Maryland

14. INFORMANT: Mrs. C. D. Armstrong
(Address): Monett Mo

15. FILED 3-16, 1928 W. M. West REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 13 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1928, to Mar 13, 1928, that I last saw h..... alive on Mar 13, 1928, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (acute)
93A
(duration) yrs. mos. 7 ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs
(Signed) Ernest Mitchell, M. D
, 19 (Address) Monett 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: Ft Smith, Ark.
DATE OF BURIAL: 3/15 1928
20. UNDERTAKER: Callaway's
ADDRESS: Monett

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.