

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

Do not use this space.

13500

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township Haw Primary Registration District No. 1002  
 City Marysville (No. 1712 District)

File No. \_\_\_\_\_  
 Registered No. 1853  
 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

(a) Residence. No. 1712 District St. 12 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 40 yrs. mos. \_\_\_\_\_ How long in U.S., if of foreign birth? yrs. mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/24 1928

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

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to April 24, 1928, that I last saw living alive on April 24, 1928, and that death occurred, on the date stated above, at 11:25 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3, 1865

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS 63 MONTHS 2 DAYS 21 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

1) Cordiac insufficiency

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

(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) Chronic myocarditis (duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH \_\_\_\_\_

10. NAME OF FATHER Tom Baker

0 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Moriah DATE OF BURIAL Apr-26-28

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

WHAT TEST CONFIRMED DIAGNOSIS General signs (Signed) J. & Robinson, M. D.

12. MAIDEN NAME OF MOTHER Edna Brown

(Address) 756 Mo

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

\*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.

14. INFORMANT Mrs. Nettie Flan (Address) 1804 Spruce

15. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Moriah DATE OF BURIAL Apr-26-28

15. FILED 4/24 1928 REGISTRAR M. M. Brown

20. UMBERTAKER Mrs. C. L. Foster ADDRESS R.C. Mo.

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.

11. 2. 1911

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(P. H.)

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