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

Do not use this space.
16174

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 563

City St. Joseph, (No. 1919 South 24th. St. Ward)

2. FULL NAME Thomas E. Armstrong,

(a) Residence. No. 1919 South 24th. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 62 yrs. 8 mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 21, 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	8	13	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Mercantile Co.,

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

(c) Name of employer Armstrong-Gill Merc. Co.

9. BIRTHPLACE (CITY OR TOWN) Saint Joseph,
(STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER John M. Armstrong,

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

12. MAIDEN NAME OF MOTHER Unknown,

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

14. INFORMANT Mrs. T. E. Armstrong
(Address) 1919 South 24th. St.

15. FILED MAY 5 1928, 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 4th 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/20 1928, to 5/4 1928, that I last saw him alive on 5/3 1928, and that death occurred, on the date stated above, at 5 30 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Aortic Insufficiency
1 & 11

(duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) Valvular disease of heart.

(duration) 1 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? Phy

(Signed) [signature], M. D

May 4, 1928 (Address) St Joseph, 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: Mount Mora Cemetery — DATE OF BURIAL: May 7th 1928

20. UNDERTAKER: Heaton-BeGole Und. Co. by J. H. Keale — ADDRESS: 319 S. 10 St.

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.