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

Do not use this space.

23816

File No. .....
Registered No. 2049
(St. ..... Ward)

1. PLACE OF DEATH
County: Jackson
Township: Kan
City: Kansas City, Mo. (No. 2945 Highland)
Registration District No. .....
Primary Registration District No. .....

2. FULL NAME James Armstrong
(a) Residence. No. 2945 Highland St., 4 Ward
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Unice Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 4 1843

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	85	6	3	

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

9. BIRTHPLACE (CITY OR TOWN) Vincent
(STATE OR COUNTRY) Ind

PARENTS
10. NAME OF FATHER Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) not Known
12. MAIDEN NAME OF MOTHER Carilone Johnson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind

14. INFORMANT Stewart J. Armstrong
(Address) 3245 Euclid Ave

15. Filed July 9, 1928 M. M. Crowe Clerk REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 7 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to ~~1927~~ 8/ ....., 19 21, that I last saw h. tw. alive on July 5 1928, and that death occurred, on the date stated above, at ..... 5 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia, Odema
Hist
1st stroke (duration) ..... yrs. ..... mos. 2 wks.
CONTRIBUTORY (SECONDARY) Apoplexy 7 yrs ago
2nd attack 2 days ago (duration) ..... yrs. ..... mos. ..... da.

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? S. G. mg. Coma
(Signed) B. F. L. ....., M. D
July 9, 1928 (Address) 636 Ellis way

*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	DATE OF BURIAL
Forest Hill Cemetery	July 10 1928

20. UNDERTAKER	ADDRESS
John W. Wagner	1409 Grand ave

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.

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