

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.

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

Do not use this space.

1. PLACE OF DEATH

County Ripley
Township Thomas
City Irish (No.)

Registration District No. 757
Primary Registration District No. 599.0

File No. 284850
Registered No. 28
St. Ward)

2. FULL NAME

Ollie Ray Armstrong

(a) Residence No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

child

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14 1928

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work infant
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Irish (STATE OR COUNTRY) mo

PARENTS

10. NAME OF FATHER B H Armstrong

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clark co (STATE OR COUNTRY) Ill

12. MAIDEN NAME OF MOTHER Minnie Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Irish co (STATE OR COUNTRY) Ill

14. INFORMANT Bruce R Armstrong (Address) Irish mo

15. FILED 7/20 1928 REGISTRAR Steuilite

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1928

17. I HEREBY CERTIFY That I attended deceased from July 16 1928 to July 17 1928 that I last saw her alive on never 19... and that death occurred, on the date stated above, at 7 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

course not determined
250 B
205 B (duration) yrs. mos. 1 da.

CONTRIBUTORY (SECONDARY) ✓ (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

19. WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Steuilite, M. D.
7/17 1928 (Address) Irish 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 Irish mo DATE OF BURIAL 7/19 1928

20. UNDERTAKER Mrs. M. Gish ADDRESS Irish mo

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