

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

Do not use this space.

30604

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Kaw Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. Kansas City Genl Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 File No. \_\_\_\_\_ Registered No. 3855

**2. FULL NAME**

Armstrong Richard  
 (a) Residence. No. Hyb n. D. reports 9 Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred yrs. 7 mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 3, 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 | 1 | 16

**8. OCCUPATION OF DECEASED**

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

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

PARENTS

10. NAME OF FATHER Jose Armstrong

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

12. MAIDEN NAME OF MOTHER Eileen Reddie

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

14. INFORMANT Re una Clark  
 (Address) K.C. General Hosp.

15. FILED 9/19, 28 M. M. Crowe  
 \_\_\_\_\_ REGISTRAR

**2. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-19 1928

17. I HEREBY CERTIFY That I attended deceased from 9-15, 1928 to 9-19, 1928  
 that I last saw him alive on 9-19, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronchopneumonia  
9  
109A

CONTRIBUTORY w/whooping cough  
 (SECONDARY) (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE THIS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH, \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) P. E. Williams, M. D.  
9-19, 1928 (Address) Supt K.C. Genl Hosp

\*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 Liberty Mo DATE OF BURIAL 9/26 1928

20. UNDERTAKER Core, Henderson ADDRESS Ke 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.

THIS IS A PERMANENT RECORD

