

OCT 30 1928

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

Do not use this space.

30991

1. PLACE OF DEATH

County LEWIS
Towship LEWISTOWN
City LEWISTOWN, MO.

Registration District No. 481
Primary Registration District No. 4290

File No. 3
Registered No. 8
St. Mo. Ward

2. FULL NAME MRS. EMMA ALICE 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7/2/1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
58 2 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work RETIRED Housewife
(b) General nature of industry, business, or establishment in which employed (or employee) 66 1/2
(c) Name of employer 92 1/2

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) HANCOCK COUNTY, ILL.

10. NAME OF FATHER ALFRED SAMUEL HATCHETT

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

12. MAIDEN NAME OF MOTHER ELIZA EBBERS

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

14. INFORMANT Mrs. Eliza Hatchett
(Address) Lewistown Mo

15. Sept 10 1928 J. B. Brown REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1928, to Sep. 9 1928, that I last saw him alive on Sep. 8 1928, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Endocarditis and cardiac exhaustion

CONTRIBUTORY (SECONDARY) Exophthalmic Goiter (duration) 10 yrs. 10 mos. 10 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? Physical Examinations

(Signed) R. B. Schaffel M. D.

9/10 1928 (Address) Lewistown 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

LEWISTOWN CEMT.

DATE OF BURIAL

SEPT 11. 28

20. UNDERTAKER

James A. Coder ADDRESS Lewistown 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.

