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

Do not use this space.

38513

File No. 11132

Registered No.

1. PLACE OF DEATH

County

Township

City St. Louis (No. City Hospital #2 St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Dora Armstrong

(a) Residence. No. 914 Market (R) St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Years: abt 42 | Months: Unknown | Days | If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY): Miss

PARENTS

10. NAME OF FATHER: Amos Shumpert

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

12. MAIDEN NAME OF MOTHER: Rhoda Crayor

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

14. INFORMANT: Anna F. Woodard
(Address): City Hospital #2

15. FILED: NOV 15, 1928 Mary E. Starkloff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11-12- 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-30- 1928, to 11-12- 1928, that I last saw h. alive on 11-12- 1928, and that death occurred, on the date stated above, at 11:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chron. Myocarditis
131
Pneumonia 93C
(duration) yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) Chron. Nephritis
(duration) yrs. 9 mos. ds.

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

D. DID AN OPERATION PRECEDE DEATH? No DATE OF No

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Lab. & X-ray

(Signed) T. Livingston Clark, M.D.
, 19 (Address) 2545 Franklin

*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: Father Dickson

DATE OF BURIAL: 11-15- 1928

20. UNDERTAKER: W. S. Wade Undertaking Co.

ADDRESS: 4202 Finney

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.