

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 Audrain
Township East River
City Mexico, Mo. (No.)

Registration District No. 26
Primary Registration District No. 8002

File No.
Registered No. 93
St. Ward)

2. FULL NAME

Wilton Armstrong
(a) Residence. No. St.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 17, 1882

7. AGE YEARS MONTHS DAYS 47 1 27 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Bachelor, Mo. (STATE OR COUNTRY)

10. NAME OF FATHER Shelton Armstrong

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

12. MAIDEN NAME OF MOTHER Margaret Scholl

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Shannon, Mo. (STATE OR COUNTRY)

14. INFORMANT Mrs. Ora Armstrong (Address) Aux Vasse, Mo.

15. July 14th, 1929 Ira S. Milligan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14, 1929

17. I HEREBY CERTIFY, That I attended deceased from July 5, 1929, to July 14, 1929. That I last saw him alive on July 13, 1929, and that death occurred, on the date stated above, at 12:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General peritonitis following perforated gastric ulcer

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED Aux Vasse, Mo.

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 5-1929

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? operative findings (Signed) J. C. Shashar M. D.

7/4/29, 19 (Address) Mexico, 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 DATE OF BURIAL

Aux Vasse, Mo. July 15, 1929.

20. UNDERTAKER Hughes Marpin ADDRESS Aux Vasse, Mo.

