FEB 18 1930

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

Do not use this space.

1531

1. PLACE OF DEATH

County Jackson — Registration District No. 404 — File No.

Township Washington — Primary Registration District No. 3838 — Registered No. 37

City ..... (No. 8316 Olive St. ..... Ward)

2. FULL NAME Jacob E. Armitage

(a) Residence. No. 8316 Olive 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 7, 1842

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	87	3	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(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) Kentucky

PARENTS

10. NAME OF FATHER John Armitage

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

12. MAIDEN NAME OF MOTHER Dorothy Ellington

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

14. INFORMANT Mrs. A. W. Johnson
(Address) 1421 East 79th St.

15. FILED 1 24, 1930 O. F. Bramwell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 22, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1927, to Jan. 22, 1930 that I last saw him alive on Jan. 22, 1930, and that death occurred, on the date stated above, at 11:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteria Sclerosis

(duration) ✓ yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage

(duration) yrs. mos. 1 ds.

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?

(Signed) Leo Jones, M. D.

1/23/30, 19 (Address) 80 + Paseo

*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
Mt. Moriah Cemetery	Jan. 24, 1930
20. UNDERTAKER	ADDRESS
R. V. Lindsey & Sons, Inc.	City

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.

Dr. Jones
80 1 Paseo