

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.

7651

1. PLACE OF DEATH

County Bates
Township Croce
City Rich Hill (No.)

Registration District No. 58
Primary Registration District No. 8005

File No.
Registered No. 90
St. Ward)

2. FULL NAME

William 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. 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)

Married

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

Married

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

June 13 1862

7. AGE

67

YEARS

9

MONTHS

2

DAYS

If LESS than 1 day, ... hrs. min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Labor 131

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Dnd

(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

Ben M Armstrong

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Virginia

12. MAIDEN NAME OF MOTHER

Annie Walker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Dnd

14.

INFORMANT

Mrs W H Armstrong

(Address)

Rich Hill Mo

15.

FILED

3/18/30

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

March 16 1930

17.

I HEREBY CERTIFY That I attended deceased from

Jan 7 1930 to March 16 1930
that I last saw him alive on March 16 1930 and that death occurred, on the date stated above, at 12:05 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senile Prol. terminal disease

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

M. D.

March 16 1930

*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

Home mo3/18 1930

20. UNDERTAKER

ADDRESS

H E Baughman Rich Hill Mo

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