

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

Do not use this space.

9757

1. PLACE OF DEATH

County Peru
 Township Virginia
 City Stamford (No., St. Ward)

Registration District No. 155
 Primary Registration District No. 5872

File No.
 Registered No.

2. FULL NAME

Flora Ray Armstrong

(a) Residence. No. St. Ward
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Female

4. COLOR OR RACE

white

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

infant

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

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

Dec 15 - 1928

7. AGE

YEARS

MONTHS

DAYS

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

1

2

22

8. OCCUPATION OF DECEASED

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

Infant

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

Stell MO

10. NAME OF FATHER

John Armstrong

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

Missouri

12. MAIDEN NAME OF MOTHER

Leonia Rite

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

Waynes MO

14. INFORMANT

(Address)

J. R. Rite
St. Holland

15. FILED

3/10 19...

Max S. Kelly
 REGISTRAR

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

3/9 1930

17.

I HEREBY CERTIFY, That I attended deceased from 3/2 1930, to 3/9 1930, that I last saw her alive on 3/9 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pertussis

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Influenza

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Home

DID AN OPERATION PRECEDE DEATH? no DATE OF 11

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physician's diagnosis

(Signed) J. A. Adams M. D.

, 19 30 (Address) Stell 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

Lester Cemetery

3-10 1930

20. UNDERTAKER

ADDRESS

German and co

Stell MO

