

MAY 27 1930

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

Do not use this space.

13214

## 1. PLACE OF DEATH

County Linn Registration District No. 988  
Township Monroe Primary Registration District No. 5652 A  
City ✓ (Name) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 5-  
Registered No. 5-  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.  
(If nonresident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND or (or) WIFE of William Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 - 1853

7. AGE YEARS MONTHS DAYS  
74 6 0  
If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER Henry Brangles

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

12. MAIDEN NAME OF MOTHER Heyer

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

14. INFORMANT E. L. Perdue  
(Address) Moscow Mills, Mo

15. FILED Apr 11, 1930 E. D. Shephard  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 6<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased Apr 6<sup>th</sup> 1930, to Apr 8<sup>th</sup> 1930, and that I last saw him alive on Apr 8<sup>th</sup> 1930, and that death occurred, on the date stated above, at 8:30 A. M. ✓

## THE CAUSE OF DEATH WAS AS FOLLOWS:

Influenza

CONTRIBUTORY (SECONDARY) 110  
(duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. C. Clarentbach M. D.  
4/8 1930 (Address) Wright City Mo

\*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Westville20. UNDERTAKER E. D. Shephard

DATE OF BURIAL

4-10 1930ADDRESS WestvilleMo

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.

