

JUN 24 1930

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Barry
 Township Monett
 City Monett (No.) St. Ward

Registration District No. 30
 Primary Registration District No. 3003

File No. 15256
 Registered No. 29
 St. Ward

2. FULL NAME

(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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF J. W. Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 2 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
63 5 13 2 15

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
 (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) Texas

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Germany

14. INFORMANT Mrs. John Boucher
 (Address) Monett Mo

15. FILED 5-19-30 W. M. West
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 17 1930

17. I HEREBY CERTIFY That I attended deceased from Feb 8 1930 to May 17 1930
 (that I last saw her alive on May 17 1930 and that death occurred, on the date stated above, at 7:30 P.M.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of Liver & Spleen
53E
46E

110B (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) Plethora with effusion

(duration) yrs. 1 mos. 15 ds.

18. WHERE WAS DEATH CONTRACTED

IF NOT AT PLACE OF DEATH, at home

1. DISEASE OPERATION PRECEDE DEATH yes DATE OF Jan 20-1930

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ernest Mitchell, M. D., 19 (Address) Monett 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

Looflemity 5/19 1930

20. UNDERTAKER

ADDRESS

Callaway Monett

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

V. B. NO. 2.

