

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:

16856

1. PLACE OF DEATH

County New Madrid Registration District No. 607
Township Portage Primary Registration District No. 5806
City Portage (No.) St. Ward

2. FULL NAME

Cora Virginia 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Child
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
7. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 9-1924
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 8 3

8. OCCUPATION OF DECEASED

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

Manila
ark

10. NAME OF FATHER

Virgil Armstrong

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

Elfour
mo

12. MAIDEN NAME OF MOTHER

Opal Teeters

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

Doniphan
mo

14.

INFORMANT Virgil Armstrong
(Address) Portageville mo

15.

FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5-15 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/7 1930 to 5/15 1930
that I last saw him alive on 5/15 1930, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Natural
38

CONTRIBUTORY (SECONDARY)

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) J. W. Berry M. D.

6/16 1930 (Address) Portageville 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

Portageville mo 3/16 1930

20. UNDERTAKER

ADDRESS

R. M. Payne Portageville

0502

2