

AUG 20 1930

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

Do not use this space.

22012

85

1. PLACE OF DEATH

County Buchanan Registration District No. 100 File No. 841
 Township St. Joseph Primary Registration District No. 100 Registered No. 841
 City St. Joseph (No. Mo. Methodist Hospital Ward)

2. FULL NAME

A. Jerome Armstrong
 (a) Residence No. 2202 Sylvania Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 20 - 1930

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

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1930, to July 20, 1930 that I last saw him alive on July 20, 1930, and that death occurred, on the date stated above, at 11:00 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 2 - 1905
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24 8 18

THE CAUSE OF DEATH* WAS AS FOLLOWS:
tuberculosis lungs, adenoides
Pulmonum 34
231
 (duration) 3 yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Insurance
 (b) General nature of industry, business, or establishment in which employed (or employer) "
 (c) Name of employer "

CONTRIBUTORY (SECONDARY) None
 (duration) 2 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Platt City
 (STATE OR COUNTRY) Mo

18. WHEREAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH ✓

10. NAME OF FATHER Jesse H. Armstrong

DID AN OPERATION PRECEDE DEATH? no DATE OF -

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

WAS THERE AN AUTOPSY? yes

12. MAIDEN NAME OF MOTHER Mary E. Shepard

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

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

(Signed) W.C. Wallace, M. D.

14. INFORMANT Jesse H. Armstrong
 (Address) 2202 Sylvania

7/22 1930 (Address) 3012 8 St Joseph Mo

15. FILED 22 1930
John G. Ish REGISTRAR

*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 Mo. Mar-a-Lun DATE OF BURIAL July 22/1930

20. UNDERTAKER Ramsay Funeral Service ADDRESS 833 So 9th

N. B.—Every item of information should be carefully supplied. AGE should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

671