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

Do not use this space.

22321

1. PLACE OF DEATH
County: Cole
Township: Jefferson
City: Jefferson City (No. ..., ... St. ... Ward)
Registration District No. 213
Primary Registration District No. 3014
File No. ...
Registered No. 426

2. FULL NAME: Warren Armington
(a) Residence. No. 1214 Lee St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1930

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10-1856

7. AGE: Years 74 | Months 1 | Days 13 | If LESS than 1 day, ...hrs. or ...min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Grain miller
(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) Atlanta, Illinois

PARENTS
10. NAME OF FATHER Hezechiak Armington
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Vermont
12. MAIDEN NAME OF MOTHER Frances Very
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Massachusetts

14. INFORMANT Mrs Rosamond Armington
(Address) 1214 Lee St

15. FILED 8-6, 1930 S Beaford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from May 12, 1929, to July 23, 1930, that I last saw him alive on July 22, 1930, and that death occurred, on the date stated above, at 4 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Prostate Gland
51C
(duration) 1 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ...
DID AN OPERATION PRECEDE DEATH? Cystotomy DATE OF July 1, 1930
WAS THERE AN AUTOPSY? No
WHAT TESTS CONFIRMED DIAGNOSIS? Physical & Lab
(Signed) J J Taylor, M. D.
7/23 1930 (Address) Jefferson City 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: I.O.O.F. Cemetery Neosho, Mo.
DATE OF BURIAL: July 25 1930

20. UNDERTAKER: Dawson-Tanner
ADDRESS: 700 Jefferson St

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.

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