

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.

SEP 21 1930

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

Do not use this space.
Dr. Harrison,
25797
File No.
Registered No. 106
St. _____ Ward)

1. PLACE OF DEATH

County Andrew Registration District No. 24
Township Scott Primary Registration District No. 3002
City Mexico (No. _____)

2. FULL NAME

Wilfred James Armstrong
(a) Residence. No. 1115 West 3rd St. 3rd Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 24-1909

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 8 26

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Rush Hill Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. W. Armstrong

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Shelby Co, Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minnie Cantwell

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

14. INFORMANT J. W. Armstrong
(Address)

15. FILED Aug 22nd 1930 Melba S. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 8-14-30, 1930, to 8-20-30, 1930 that I last saw him alive on 8-16-30, and that death occurred, on the date stated above, at 119 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tubercular meningitis

(duration) _____ mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculosis of Left Kidney
removal of 57 July 1930 (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
no result of operation
DID AN OPERATION PRECEDE DEATH? DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) H. Harrison M. D.
, 1930 (Address) Mexico 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 Catholic Cemetery Mexico Mo DATE OF BURIAL Aug 22 1930

20. UNDERTAKER McIntera Bros ADDRESS Mexico Mo

