

MAR 24 1931

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

Do not use this space.

1. PLACE OF DEATH

County Howard,  
Township \_\_\_\_\_  
City Fayette (No. \_\_\_\_\_)

Registration District No. 878  
Primary Registration District No. 4222

File No. 9659  
Registered No. 20  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/29/ 1855

7. AGE YEARS 75 MONTHS 2 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

13. NAME Thomas Richards,

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

15. MAIDEN NAME Sarah Thompson

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

17. INFORMANT Earl Hyatt, (ADDRESS) Fayette Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Co. DATE 2/4/31 19

19. UNDERTAKER Guy T. Halley, (ADDRESS) Fayette Mo.

20. FILED Mar. 6 1931 O. C. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/2/ 1931 19

22. I HEREBY CERTIFY, That I attended deceased from Feb - 15, 1931, to March - 2, 1931

I last saw him alive on Feb. 28, 1931. Death is said

to have occurred on the date stated above, at 4 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Nephritis Date of onset 2-15-31

118

170/110

111/3

Other contributory causes of importance:

Edema of lungs 2-20-31

2-20-31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) J. E. Richards, M. D.

(Address) Fayette Mo.

