

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

Do not use this space.

**29141**

**1. PLACE OF DEATH**

County Ralls Registration District No. 726  
Township Sarenton Primary Registration District No. 5958  
City Sarenton (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Wallace Dudley Armour  
(a) Residence, No. Sarenton, Mo. 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**

**1 MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 7 1931

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

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1921

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
10 0 28

to have occurred on the date stated above, at 2:45 p.m.

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

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

Accidental Drowning

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

while wading in Mississippi River

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

183

Other contributory causes of importance: 183

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

Date of onset \_\_\_\_\_

13. NAME Chas. Norton Armour

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

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co. Illinois

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Luetta Timmons

23. If death was due to external causes (violence), fill in also the following:

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known Illinois

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

17. INFORMANT Chas. N. Timmons (ADDRESS) Sarenton Missouri

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Knickerhook, Ill DATE Aug 9, 1931

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

19. UNDERTAKER Wm. M. Smith (ADDRESS) 212 B. Ave., Hannibal, Mo.

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

20. FILED Aug 8, 1931 Wm. M. Rugar Registrar.

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

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

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

(Signed) John H. Curran, M.D.

(Address) Center Mo.

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

SEP 25 1931

