

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

Do not use this space.

31110

1. PLACE OF DEATH

County Howard
Township Armstrong
City Armstrong (No. _____)

Registration District No. 376
Primary Registration District No. 4220

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Armstrong mo Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 8 mos. 0 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) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1853
7. AGE YEARS 77 MONTHS 11 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
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) (STATE OR COUNTRY) London Va

13. NAME D. F. Beach

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

15. MAIDEN NAME Louisa - Nightingale

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT M. F. Beach

18. BURIAL, CREMATION, OR REMOVAL PLACE Old Chapel DATE Sept 21, 1931

19. UNDERTAKER A. H. Odaker

20. FILED 9/21 1931 H. M. Anderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1931

22. I HEREBY CERTIFY, that I attended deceased from Sept 15 1931, to Sept 20 1931

I last saw him alive on Sept 19 1931. Death is said to have occurred on the date stated above, at 12:50 p.m.

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

Coronary-Renal Date of onset 1928

1930

Other contributory causes of importance: 1930

Prostatic retention (urine) 1930

Name of operation None Date of _____

What test confirmed diagnosis? Electro 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 _____ 1931

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 H. M. Anderson M. D.

(Signed) Armstrong mo (Address)

Registrar.

OCT 28 1931

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.

