

NOV 23 1931

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

Do not use this space.

36856

1. PLACE OF DEATH

County Boone
Township Columbia
City Columbia (No. 73)

Registration District No. 3006
Primary Registration District No. 3006

File No. 232
Registered No. 232
St. Ward

2. FULL NAME

(a) Residence, No. 404 - Conley Ave 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Luthera Armstrong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 19 1894</u>		
7. AGE <u>37</u>	YEARS <u>8</u>	MONTHS <u>14</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u> </u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u> </u>		10. Date deceased last worked at this occupation (month and year) <u> </u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexis Lee</u>		
13. NAME <u>Thas F. Armstrong</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexis Lee</u>		
15. MAIDEN NAME <u>Emma Richie</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alexis Lee</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Luthera Armstrong</u> <u>Columbia, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia</u> DATE <u>Nov 5 31</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Baker</u> <u>203 Calhoun Ave</u>		
20. FILED <u>11/4/31</u> <u>F. C. Suggett</u> Registrar. <u>Byallie Selby</u>		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 3 1931

2. I HEREBY CERTIFY, That I attended deceased from Oct 29 1931 to Nov 3 1931
last saw him alive on Nov 3 1931 Death is said to have occurred on the date stated above, at 1:40 P. M.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage Date of onset 11/3/31

82A J. D. W.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) E. S. Baskett M. D.
(Address) Columbia, Mo.

SEP 27 1966