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.

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

Do not use this space.

38592

1. PLACE OF DEATH

County: Pike
Registration District No. 685
File No. 22

Township: Calumet
Primary Registration District No. 5909
Registered No. 20

City: ~~[illegible]~~ (No. .... St. .... Ward)

2. FULL NAME: Robert Armstrong

(a) Residence. No. .... 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

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

5A. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of: Husband of Annie Steel (deceased)

6. DATE OF BIRTH (month, day and year): Sept - 5 - 1859

7. AGE: 72 Years, 2 Months, 3 Days. If LESS than 1 day, ... hrs. or ...... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (city or town) (State or country): Lincoln Co. Mo.

PARENTS

10. NAME OF FATHER: Dr Armstrong
11. BIRTHPLACE OF FATHER (city or town) (State or country): Don't Know
12. MAIDEN NAME OF MOTHER: Missouri T. Howard
13. BIRTHPLACE OF MOTHER (city or town) (State or country): Nashville Tenn.

14. Informant: T. Guy Hetherlin M.D.
(Address): Coroner Louisiana Mo.

15. Filed Dec 1, 1931 H W Treadway, Registrar

MEDICAL CERTIFICATE OF DEATH

R

16. DATE OF DEATH (month, day and year): Nov - 8 - 1931

17. I HEREBY CERTIFY, That I attended deceased from ...., 1931, to ...., 1931, that I last saw h........ alive on ...., 19...., and that death occurred, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:
One inquiry I find this man had a mitral regurgitation & died very suddenly. Was found dead in yard. No inquest necessary.
(duration) ...... yrs. ...... mos. ...... ds.

CONTRIBUTORY (SECONDARY) .... (duration) ...... yrs. ...... mos. ...... ds.

18. Where was disease contracted if not at place of death? ....
Did an operation precede death? .... Date of ....
Was there an autopsy? ....
What test confirmed diagnosis? ....

(Signed) T. Guy Hetherlin Coroner, M. D
11-9-1931 (Address) Louisiana 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: Clarksville Mo
DATE OF BURIAL: Nov 10 1931

20. UNDERTAKER: L H Brown
ADDRESS: Clarksville