

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

Do not use this space.

39824

1. PLACE OF DEATH

County Saline
Township Slater
City Slater (No.)

Registration District No. 1991
Primary Registration District No. 441

File No.
Registered No.
St. Ward

2. FULL NAME

James Harvey 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy Belle Armstrong

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 7 - 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 6 20

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

9. BIRTHPLACE (CITY OR TOWN) Madison
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Samuel Armstrong

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Lucy Ann Lynn

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton Co Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs Lucy Belle Armstrong
(Address) Slater, Mo

15. FILED 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-24 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1931, to 11-24, 1931 that I last saw h. in alive on 11-24, 1931, and that death occurred, on the date stated above, at 9 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral hemorrhage
121
99/10

CONTRIBUTORY (SECONDARY) Institutional neglect
(duration) 1 yrs. 6 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED at Home
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Dr. G. B. Lewis, M. D.
(Signed) Dr. G. B. Lewis
11, 1931 (Address) Slater 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 Madison Mo DATE OF BURIAL Nov 27 1931

20. UNDERTAKER Jones & Sarge ADDRESS Slater Mo

DEC 26 1931

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Saline Registration District No. _____ File No. _____
Township _____ Primary Registration District No. _____ Registered No. _____
City Slater (No. _____) St. _____ Ward _____

2. FULL NAME

(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.

James Harvey Armstrong

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) May 2, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 6 22
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Grocery Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Madison (STATE OR COUNTRY) _____
10. NAME OF FATHER Samuel Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Madison (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Lucy Belle
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Chariton (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Mrs. Lucy Belle Armstrong
Slater Mo.

15. FILED Nov 31 1931 W. M. Tuttle REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11 - 24 1931
17. I HEREBY CERTIFY That I attended deceased from Aug 16 1931 to 11 - 24 1931 and that I was his physician from 11 - 24 1931, and that death occurred on the date stated above at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral hemorrhage

CONTRIBUTORY (duration) yrs. mos. ds. 1 yr. 10 mo.
SECONDARY (duration) yrs. mos. ds. _____

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? physical Lab.
(Signed) Wm. E. Johnson, M. D.
11/25, 1931 (Address) Slater 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 Madison Mo. DATE OF BURIAL Nov. 27 1931

20. UNDERTAKER Jones & Sulzer ADDRESS Slater Mo.

REGISTRARS SHALL N. RECEIVE A FEE FOR CERTIFICATES. THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

S-39824