

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

Do not use this space.

749

File No. 31
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

39 County Greene Registration District No. 318
3 Township _____ Primary Registration District No. 2001
5 City Springfield (No. 722 E. McDaniel)

2. FULL NAME

Mildred Lucille Armstrong

(a) Residence, No. 722 E. McDaniel 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 F 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar-6-1931
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 10 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Springfield Mo.

13. NAME Nathan Armstrong

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chetopa Kan.

15. MAIDEN NAME Lena Kimbrough

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo.

17. INFORMANT Mrs. Lena Armstrong
(ADDRESS) 722 E. McDaniel

18. BURIAL, CREMATION OR REMOVAL
PLACE Baylewood DATE 1-12-32

19. UNDERTAKER F. J. Smith
(ADDRESS) 722 E. Greene

20. FILED 1-12 19. 32 John D. Sharp
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1932

I HEREBY CERTIFY, That I attended deceased from Jan 8 - 1932 to Jan 10 1932
I last saw her alive on Jan 10 1932. Death is said to have occurred on the date stated above, at 9 P.M.

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

Influenzae Meningitidis. Date of onset _____

11B 11B
Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis Smear positive 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 _____, 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?
If so, specify _____

(Signed) W. B. Burke, M. D.
(Address) 214 17th Jefferson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

FILE 24.1034

