

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

Do not use this space.

8221

1. PLACE OF DEATH

45 County Howard Registration District No. 376
 1 Township Platte Primary Registration District No. 4220
 3 City Armstrong No. _____ St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

(a) Residence, No. Armstrong Mrs RFD #1 Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 16 yrs. 5 mos. 26 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>			
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>					
	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 8 - 1915</u>					
	7. AGE	YEARS <u>16</u>	MONTHS <u>5</u>	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.	
	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School girl</u>	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			11. Total time (years) spent in this occupation	
		10. Date deceased last worked at this occupation (month and year)				
	MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>				
		FATHER	13. NAME <u>James E. Walker</u>			14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co Mo</u>
			15. MAIDEN NAME <u>Emmanuel Phelps</u>			
		16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Chariton Co Mo</u>				
17. INFORMANT (ADDRESS) <u>J. E. Walker Armstrong Mrs</u>						
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City of Chariton</u> DATE <u>Mar 6 1932</u>						
19. UNDERTAKER (ADDRESS) <u>A. S. Oldaker Armstrong Mrs</u>						
20. FILED <u>B-5</u> 19 <u>32</u> <u>W M Sweeney</u> Registrar.						

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 1932

22. I HEREBY CERTIFY That I attended deceased from Feb 25, 1932, to March 4, 1932
 I last saw her alive on March 3, 1932 Death is said to have occurred on the date stated above, at 7 a.m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 2/25
108
108
 Other contributory causes of importance:
 (1)
 Name of operation None Date of _____
 What test confirmed diagnosis terminal 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? No
 If so, specify W. M. Sweeney, M. D.
 (Signed) _____ (Address) Armstrong Mrs

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.

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

APR 26 1932

