

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.

JUN 22 1932

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

Do not use this space.

15731

1. PLACE OF DEATH
 32 County Dekalb Registration District No. 263
 Township _____ Primary Registration District No. 4162
 City Weatherby (No. _____) St. _____ Ward _____

2. FULL NAME John Nelson Armour
 (a) Residence, No. _____ 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mollie Armour

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 6 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

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) Illinois

13. NAME J. N. Armour

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Eliza Rhoads

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs John Channel Weatherby Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Shambaugh DATE 5/4 32 1932

19. UNDERTAKER (ADDRESS) U.G. Pilcher Maysville Mo

20. FILED 7/4 1932 J.F. Hedrick Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 2, 1932
 I last saw him alive on May 2, 1932 Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of onset 4/30 1932
108
131 108
 Other contributory causes of importance:
Chronic Hepatitis
interstitial

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

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1932
 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) J. F. Hedrick M. D.
 (Address) Weatherby Mo

