

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

Do not use this space.

20429

1. PLACE OF DEATH

80 County Pettis
4 Township
8 City Sedalia (No. City Hosp #2)

Registration District No. 668
Primary Registration District No. 30.32

File No. _____
Registered No. 159
St. _____ Ward) _____

2. FULL NAME

Joseph 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 M 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Leona Ruby Armstrong (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 - 1890.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
✓ 52 3 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter 29
(b) General nature of industry, business, or establishment in which employed (or employer) House
(c) Name of employer Self

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

10. NAME OF FATHER Ned Armstrong
11. BIRTHPLACE OF FATHER (CITY OR TOWN) don't know (STATE OR COUNTRY) don't know
12. MAIDEN NAME OF MOTHER don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) don't know (STATE OR COUNTRY) don't know

14. INFORMANT Ethel Armstrong (Address) Sedalia Mo

15. FILED 6-20-19-32 J. T. Love REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 15 1932

17. I HEREBY CERTIFY, That I attended deceased from June 8th, 1932, to June 15th, 1932, that I last saw h/ M alive on June 15th, 1932, and that death occurred, on the date stated above, at 10:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lobar Pneumonia
10th (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 10th (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED ①

IF NOT AT PLACE OF DEATH. _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) A. R. Maddox M. D.
, 19 _____ (Address) 116 1/2 W. Main

*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 Sedalia Mo. DATE OF BURIAL June 20 1932

20. UNDERTAKER F. D. Ferguson (Address) Sedalia

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Pettis
Township Adalia
City Adalia (No. _____)

Registration District No. 668
Primary Registration District No. 3032

File No. _____
Registered No. 159
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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 6 - 1880

7. AGE YEARS 51 MONTHS 6 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

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

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) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL _____

PLACE _____ DATE _____, 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 6-20, 1932 J. L. Love Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15 - 1932

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19 _____

I last saw him _____ alive on _____, 19 _____ Death is said

to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 _____, 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) _____, M. D.

(Address) _____

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-20429