

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.

NOV 21 1932

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

31382

## 1. PLACE OF DEATH

County BatesRegistration District No. 56

File No.

Township

Primary Registration District No. 3004Registered No. 63City Bates Mo. (No. 13)

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

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

Virginia Armstrong

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

June 16<sup>th</sup> 1891

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

41327

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

Merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Manager Hardware Store

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)

Butler Missouri

13. NAME

John B. Armstrong

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

Pleasant Hill Mo.

15. MAIDEN NAME

Maud. Harraman

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

Missouri

17. INFORMANT (ADDRESS)

Mrs Sam Armstrong Butler Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Oak Hill

DATE

Oct 15

1932

19. UNDERTAKER (ADDRESS)

Butler Mo

20. FILED

Oct 1932 Nina L. Wilson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1932

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

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 6 A. m.

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

Suicide through right temple with 32 Automatic Colts.

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 Suicide Date of injury Oct 13, 1932Where did injury occur? in his store at Butler Mo

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In his hardware store at Butler Mo.Manner of injury PistolNature of injury Through head24. Was disease or injury in any way related to occupation or deceased? NO

If so, specify

(Signed)

C. M. Rice

, M. D.

(Address)

Butler, Mo.

SEP 25 1952