

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

Do not use this space.

1. PLACE OF DEATH

County Bucyrus

Registration District No. 35

Township

Primary Registration District No. 1001

City St. Joseph

No. State Hospital

File No. 31480

Registered No. 981

St.

Ward

2. FULL NAME Mary Armstrong

(a) Residence, No. St. Joseph Missouri

St.

Ward

Unknown

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred many yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 21, 1864

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

68

7

17

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

Housework

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

at home

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)

not known 5
Canada

13. NAME

William Armstrong

FATHER

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

Rochester 2
New York

MOTHER

15. MAIDEN NAME

Helen Hood

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

Julesburg ?
Scotland

17. INFORMANT (ADDRESS)

Miss Minnie Armstrong
St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Ashland

DATE Oct. 10, 1932

19. UNDERTAKER (ADDRESS)

Fleming Funeral Home Inc
St Joseph Mo

20. FILED

OCT 10 1932

John H. Bender
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from August 22, 1932, to October 5, 1932

I last saw her alive on October 7, 1932. Death is said

to have occurred on the date stated above, at 7:00 a.m.

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

Bronchitis-Pneumonia

Date of onset

24/8/31

1932

107A

84

107A

Other contributory causes of importance:

Melancholia Involuntal type

Name of operation no Date of no

What test confirmed diagnosis? Sm. Finding 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

(Signed) Georgis W. Fennmore, M. D.

(Address) State Hosp #2 St. Joseph Mo

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.

NOV 21 1932

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MARGIN RESERVED FOR BINDING

V. S. NO. 2

