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.

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

Do not use this space.

5922

1. PLACE OF DEATH

48 County Jackson — Registration District No. 389 — File No. 876

10 Township Kaw — Primary Registration District No. 1008 — Registered No. 876

City Kansas City (No. K.C. Genl Hosp. St. Ward)

9 2. FULL NAME Claud Armfield

(a) Residence, No. 2-W. Mo. Ave. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1875-40-2-26

7. AGE: YEARS 57 — MONTHS 11 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer 186A

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 186C

10. Date deceased last worked at this occupation (month and year) 2.0

11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME Henry W Armfield

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Carolina

MOTHER

15. MAIDEN NAME Virginia Ann Armfield

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

17. INFORMANT (ADDRESS) F. H. Armfield 310 - Ward Pkwy.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 2-24-33

19. UNDERTAKER (ADDRESS) Peter B. Lapetina K.C. Mo.

20. FILED 2/23, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/22/33

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above at 3:20 A.M.

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

Fracture left olecranon process — Date of onset 2/22/33

Suppurative pyoarthritis left elbow joint

Other contributory causes of importance:

Bronchopneumonia

Name of operation no — Date of .....

What test confirmed diagnosis? Autopsy — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident — Date of injury 2/2, 1933

Where did injury occur? 2 West Missouri Ave. K.C. Mo. (Specify city or town, county, and State)

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

Manner of injury Fell down stairs

Nature of injury Fracture of arm

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [signature], M. D.

(Address) Deputy Coroner