

MAY 22 1933

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

12255

## 1. PLACE OF DEATH

County Andrew  
 Township Lautre  
 City (No. .... St. .... Ward)

Registration District No. 29  
 Primary Registration District No. 5032 A

File No. ....  
 Registered No. ....

## 2. FULL NAME

(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)

Thomas Marion Armstrong

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower  
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Calla A Armstrong

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1863

AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
67 9 13

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

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

10. Date deceased last worked at this occupation (month and year) 3-29-33 11. Total time (years) spent in this occupation 54

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) Ches

13. NAME Thomas Armstrong

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

15. MAIDEN NAME Eliza P. Gregg

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

17. INFORMANT Mrs. Emma P. Ramecraft (ADDRESS) Antion City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Unity Church DATE April 26, 1933

19. UNDERTAKER H. A. Pugh & Son (ADDRESS) Mexico Mo.

20. FILED April 26, 1933 J. F. Johnson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1933

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 9:30 a.m.

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

coronary case  
Died of natural  
causes, possibly heart  
block

Other contributory causes of importance:

95

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) W. H. McShall Coroner Andrew Co.

(Address) Ladonia 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.

