

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.

JUN 26 1933

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

Do not use this space.

12815

1. PLACE OF DEATH

County DadeRegistration District No. 238Township CedarPrimary Registration District No. 3326City (No.)St. Ward

2. FULL NAME

(a) Residence, No. James K. ArmstrongSt. 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

W.

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

Widowed

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

Marnie Jane Armstrong

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

July 25-1845

7. AGE

YEARS 87MONTHS 8DAYS 25

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

OCCUPATION

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

Retired farmer

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)

Spald Co., Ky

FATHER

13. NAME

James Armstrong

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

Tenn

MOTHER

15. MAIDEN NAME

Nancy Mayfield

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

Tenn

17. INFORMANT (ADDRESS)

Mrs. Will Woods, Lockwood, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Maple GroveDATE April1933

19. UNDERTAKER (ADDRESS)

E. Ray Caldwell, Lockwood, Mo

20. FILED

5-131933J. B. Wren

Registrar.

3 MEDICAL CERTIFICATE OF DEATH

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

April 19, 193322. I HEREBY CERTIFY, That I attended deceased from March 5th, 1933 to April 19, 1933I last saw him alive on March 5th, 1933 Death is saidto have occurred on the date stated above, at 3:30 PM

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

Pneumonia (Bronch)
about April 15
107A
137
135B 107A

Other contributory causes of importance:

Cystitis and Prostatic HypertrophyName of operation Date of What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) C. E. Duckett, M. D.(Address) Kansas Mo.

