

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.

39034

1. PLACE OF DEATH,

County Adair
Township Sutton
City Merico Mo.

Registration District No. 26

Primary Registration District No. 3022

File No.

Registered No. 177

St. Ward)

2. FULL NAME

Mr. Martha Frances Armstrong

(a) Residence, No. 515 W. Inman St., 2nd Ward.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Wm. Armstrong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1857

7. AGE YEARS 75 MONTHS 1 DAYS 20 If LESS than 1 day, ... hrs. or min.

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

13. NAME Wilford Hayes

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

15. MAIDEN NAME Anne James

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

17. INFORMANT (ADDRESS) Mr. J. G. Ford

18. BURIAL, CREMATION, OR REMOVAL

PLACE Catharine County DATE Dec. 14, 1933

19. UNDERTAKER (ADDRESS) W. C. Phillips

20. FILED Dec-13, 1933 Ira S. Milligan Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov - 1, 1932 to Dec - 12, 1933

I last saw her alive on Dec - 12, 1933 Death is said to have occurred on the date stated above, at 2:40 p.m.

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

Complication of Arteriosclerosis
7. Indistinct
168
168

Other contributory causes of importance: Unknown

Name of operation Date of

What test confirmed diagnosis? Findings 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? No

If so, specify

(Signed) R. H. Van Housden, M. D.

(Address) Merico Mo.

