

Not to be used for any purpose other than the purpose for which it was issued. No person should state cause of death as a contributing factor unless it is a direct cause of death. Exact statement of occupation is very important.

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

MAR 24 1934

Do not use this space

3756

4 11 D.

1. PLACE OF DEATH

County North
Township Witchell
City Grant City

Registration District No. 903

Primary Registration District No. 4545

File No.

Registered No.

St.

Ward

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred

ys.

mos.

ds.

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

ys.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

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

Infant

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

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

Jan 5, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, 5 hrs. or min.

5 hours

OCCUPATION

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

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)

Grant City Mo.

13. NAME

Charles Armstrong

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

Iowa

15. MAIDEN NAME

Wesley Marie Pryor

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

Hatfield Mo.

17. INFORMANT (ADDRESS)

Jessie Thomas Grant City Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Honey Lodge

DATE

1/16

1934

19. UNDERTAKER (ADDRESS)

Grant City Mo.

20. FILED

19

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Dec 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Dec 5, 1934, to Dec 5, 1934

I last saw him alive on Dec 5, 1934. Death is said

to have occurred on the date stated above, at 11:00 am.

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

Signature 6 1/2 months

Date of death

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

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

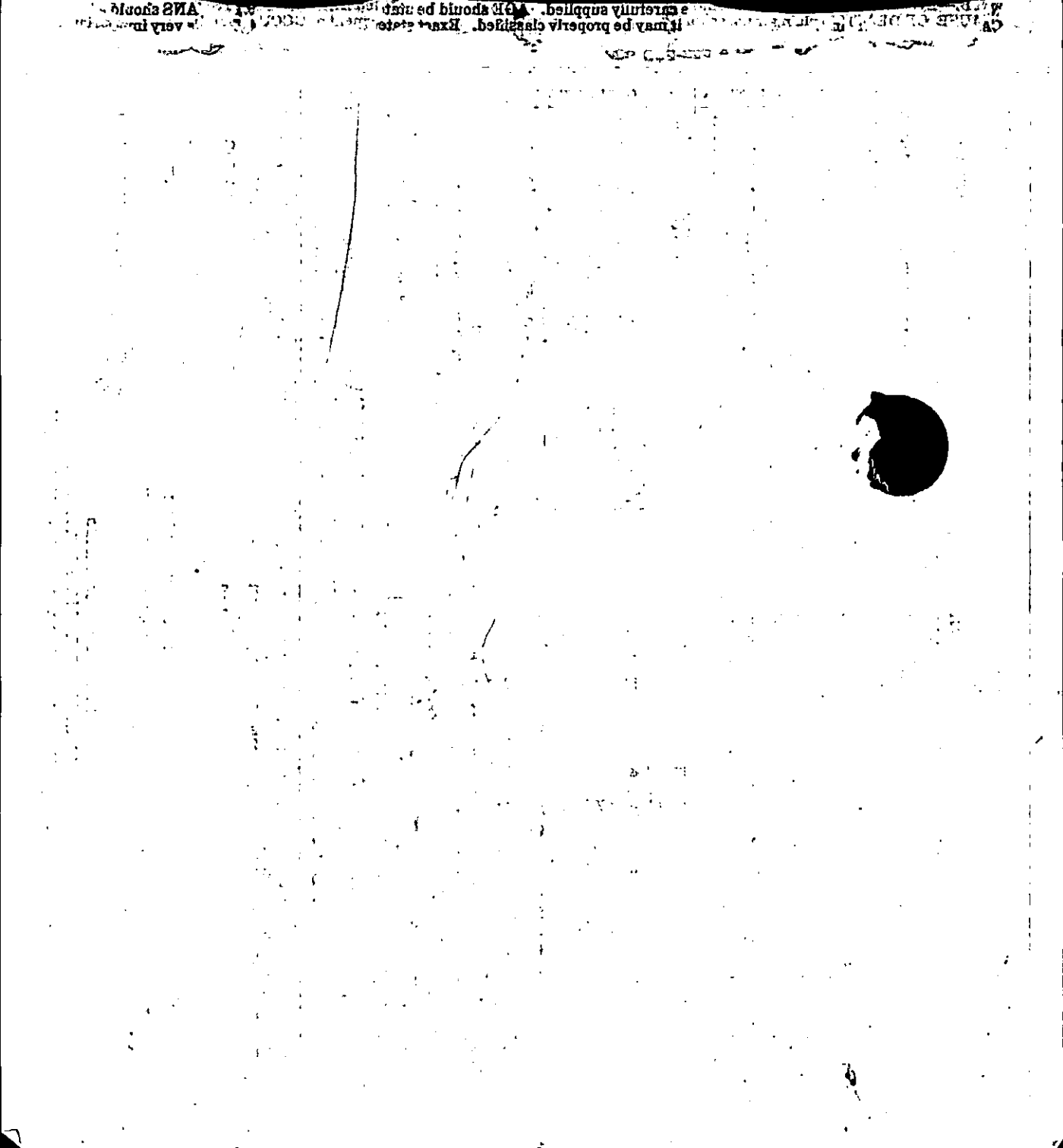
24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify

(Signed)

(Address)

M. D.



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Earth
Township Altichell
City Frank City (No.)

Registration District No. 903
Primary Registration District No. 4545

File No. 17 13756
Registered No.
St. Ward)

2. FULL NAME

De Roy Gene Armstrong
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) In first

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 5, 1934

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. c
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. c
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) Frank City, Missouri

13. NAME Charles Armstrong

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

15. MAIDEN NAME Nesta Marie Key

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hartsville, Mo.

17. INFORMANT (ADDRESS) Jessie Thomas, Frank City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grave DATE Jan. 6, 1934

19. UNDERTAKER (ADDRESS) Frank City, Mo.

20. FILED March 3, 1934 Fred Mull, M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5, 1934

22. I HEREBY CERTIFY, that I attended deceased from ... to ... 19...

I last saw him alive on Jan. 5, 1934 Death is said to have occurred on the date stated above, at 11:00 a.m.

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

Pneumonia - 6 1/2 mos.
Other contributory causes of importance:

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) P. J. Rose, M. D.
(Address) Frank City, Mo.

N. CAJ. REGISTRARS SHALL NOT RECEIVE A FEE OR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

C-9562-5