

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.

MAR 24 1934

4432

1. PLACE OF DEATH

32 County DeKalb
Township Dallas
City _____ (No. _____)

Registration District No. 2571
Primary Registration District No. 33670

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Ollie Armour

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ester Chaney Armour
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6-1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 1 19

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

13. NAME John Nelson Armour

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

15. MAIDEN NAME Mary Jane Rhoads

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

17. INFORMANT Ester Chaney Armour
(ADDRESS) Maysville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairport Cem. DATE 2/17-34 19.

19. UNDERTAKER U. G. Pilcher
(ADDRESS) Maysville Mo

20. FILED 2/16 124 J. J. O'Heiler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from 2-13 1934, to 2-15 1934

I last saw him alive on 2-13 1934. Death is said

to have occurred on the date stated above, at 6 P m.

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

Cerebral Hemorrhage Date of onset 2-10-34

Other contributory causes of importance:

Hypertension ?

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) U. G. Pilcher M. D.

(Address) Maysville Mo

