

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

Do not use this space.

**MAR 24 1934**

**11565**

**1. PLACE OF DEATH**

County Scott  
Township North  
City Vandalia (No. \_\_\_\_\_)

Registration District No. 83  
Primary Registration District No. 6076

File No. 83  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Rufus (Rube) M. Armstrong

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ 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**

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**

Ethel Armstrong

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

1/15/1899

**7. AGE**

YEARS

MONTHS

DAYS

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

45

1

16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

Barber

(b) General nature of industry, business, or establishment in which employed (or employer)

—

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

Vandalia

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

Jas. A. Armstrong

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Crash

(STATE OR COUNTRY)

Mo.

**12. MAIDEN NAME OF MOTHER**

Louise Bowman

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

North

(STATE OR COUNTRY)

Mo.

**14.**

INFORMANT \_\_\_\_\_  
(Address) \_\_\_\_\_

**15.**

FILED \_\_\_\_\_

1/16/34 Walter E. Davis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

3/3 1934

**17.**

I HEREBY CERTIFY, That I attended deceased on 3/3, 1934, at 3/3, 1934, and that I last saw him alive on 3/3, 1934, and that death occurred, on the date stated above, at 7:15 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cerebral Hemorrhage

**CONTRIBUTORY (SECONDARY)**

Hypertension?  
duration) 7 yrs. — mos. — ds.

**18. WHERE WAS DISEASE CONTRIBUTED**

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_**

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. A. Cline, M. D.

19 (Address) Oran Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

North

3/5 1934

**20. UNDERTAKER**

**ADDRESS**

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.

