

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.

49
51

MAY 25 1934

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

Do not use this space.

13280

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Jasper Primary Registration District No. 202
City Joplin (No. St. Ward)

File No.
Registered No.

2. FULL NAME

(a) Residence, No. 922 Sargent Ward. (If nonresident, give city or town and State)
(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 <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write how wed.) <u>married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Cynthia Armstrong</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 15 - 1896</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>7</u>
	DAYS <u>2</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>dairy</u>	11. Total time (years) spent in this occupation.....
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Business</u>	
	10. Date deceased last worked at this occupation (month and year).....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Madison Co. Ill.,</u>		
FATHER	13. NAME <u>James Allen Armstrong</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.,</u>	
MOTHER	15. MAIDEN NAME <u>Elena Zimmerman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>	
17. INFORMANT <u>Cynthia Armstrong</u> (ADDRESS) <u>Joplin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest Hill</u> DATE <u>4-19-34</u>		
19. UNDERTAKER <u>Wirth and Co</u> (ADDRESS) <u>Joplin Mo</u>		
20. FILED <u>4-19</u> , 1934 <u>Ed H. James</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17, 34

22. I HEREBY CERTIFY, that I attended deceased from Joplin, 1934, April 16, 1934.
I last saw him alive on April 16, 1934. Death is said to have occurred on the date stated above, at 6-AM.
The principal cause of death and related causes of importance were as follows:
Intestinal Flu
(Intestinal Flu)
113

Other contributory causes of importance:
113

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 I. E. Truex
(Signed) I. E. Truex, M. D.
(Address) Joplin, Mo.

