OCT 19 1934

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

Do not use this space.

1. PLACE OF DEATH

County _Boone_ Registration District No. _74_ File No. _31955_

Township _Rockyfork_ Primary Registration District No. _5113_ Registered No. _26_

City _____ (No. _____, _____ St. _____ Ward)

2. FULL NAME _John J. 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 _Mabel Armstrong_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _Feb. 13 – 1860_

7. AGE YEARS _74_ MONTHS _7_ DAYS _1_ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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) _Boone County, Mo_

FATHER

13. NAME _James L Armstrong_

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

MOTHER

15. MAIDEN NAME _Sigma French_

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

17. INFORMANT (ADDRESS) _R L Armstrong_ _Hallsville Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Mt Jim Cemetery_ DATE _Sept 14, 34_

19. UNDERTAKER (ADDRESS) _Chandler + McDonald_ _Hallsville Mo_

20. FILED _9/15 - 1934_ _Mrs F L Faucett_ Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _Sep 14_ , 19_34_

22. I HEREBY CERTIFY, That I attended deceased from _Sept 17_, 1932, to _Sep 14_, 1934. I last saw him alive on _Sep 1_, 1934. Death is said to have occurred on the date stated above, at _4_ _A_ m.

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

Cancer of Face Date of onset _Sep al 1932_

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 _no_

(Signed) _C B Lawrence_ , M.D.

(Address) _Hallsville Mo_