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.

JAN 14 1935

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

Do not use this space.

85

42032

1. PLACE OF DEATH

County Buchanan — Registration District No. 1001 — File No.

Township — Primary Registration District No. — Registered No. 1367

City St. Joseph, Mo. (No. Missouri Methodist Hospital. St. Ward)

2. FULL NAME William Armstrong

(a) Residence, No. Unknown 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): Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) About 1892

7. AGE — YEARS: About 42 — MONTHS: Unknown — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) Unknown (STATE OR COUNTRY) Unknown

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Hospital Records. (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL City Cem. PLACE St. Joseph, Mo. DATE 12/18 1934

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St. Joseph, Mo.

20. FILED 12-17- 1934 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1934, to 19..

I last saw h. alive on 19.. Death is said to have occurred on the date stated above, at 2:00A m.

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

Shock & Hemorrhage — Date of onset

Acute 2 D 57
156B
103B

Other contributory causes of importance:

Ran over by train near Francis St Depot

Name of operation Amputation of both legs — Date of

What test confirmed diagnosis? Phy Exy — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident — Date of injury 12/13 1934

Where did injury occur? St Joseph Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Struck by train while walking

Nature of injury Both legs crushed below knee

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Thomas J Thomas Coroner, M.D.

(Address) 731 Faraon