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 12 1935

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

Do not use this space.

45587

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 3039 — Registered No. 244
City Nevada (No. , St. Ward)

2. FULL NAME Norman Eugene Armstrong
(a) Residence, No. 1333 E. Walnut St., 5 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29, ~~1930~~ 1931
7. AGE YEARS 2 MONTHS 11 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Joplin, Mo.

FATHER
13. NAME Alison P Armstrong
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nevada, Mo.

MOTHER
15. MAIDEN NAME Daisy Winscott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hamilton, Mo.

17. INFORMANT (ADDRESS) Mrs Daisy Armstrong 1333 E Walnut, Nevada, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Dispwood Cem Nevada, Mo DATE Dec 14, 1934
19. UNDERTAKER (ADDRESS) Ferry Funeral Home Nevada, Mo
20. FILED Dec 14, 1934 M. Eichinger 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 5, 1934, to Dec 12, 1934
I last saw ~~him~~ alive on Dec 12, 1934 Death is said to have occurred on the date stated above, at 1:50 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	12/5 1934

Other contributory causes of importance: none

Name of operation none 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? No
If so, specify ✓
(Signed) J. W. Love, M. D.
(Address) Nevada, Mo